

Town of Oakland
75 Clay Street
Oakland, Tennessee 38060
(901) 465-3108

TOWN OF OAKLAND, TENN. EXCAVATION PERMIT APPLICATION

No. _____

DATE: _____

APPLICANT FIRM NAME: _____

CONTACT NAME: _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

(If different from applicant above):

EXCAVATING CONTRACTOR FIRM NAME: _____

CONTACT NAME: _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

1. PURPOSE OF EXCAVATION: _____

2. LOCATION OF EXCAVATION: _____

3. TYPE OF EXCAVATION: _____

4. SIZE OF EXCAVATION AREA: _____ ft. wide X _____ ft. long X _____ ft. deep

5. PROPOSED EXCAVATION START DATE: _____

6. PROPOSED EXCAVATION COMPLETION DATE: _____

I, the undersigned, hereby certify that I have read this application, and that I am aware of the Town of Oakland regulations governing excavation in city rights-of-way. I agree that the excavation work to be performed will comply with these regulations.

APPLICANT'S SIGNATURE

DATE

ON BEHALF OF (FIRM NAME) _____

EXCAVATION PERMIT FEE PAID:

CASH DEPOSIT REQUIRED IN THE AMOUNT OF:

\$ 20.00

\$ 500.00 for unpaved area

\$1,000.00 for paved area

\$ _____

EXCAVATION PERMIT REFUSED

Reason _____

Date _____ Signed _____

EXCAVATION PERMIT ISSUED

Date _____

Signed _____

Building Official