



UTILITY PERMIT

HARFORD COUNTY, DEPARTMENT OF PUBLIC WORKS DIVISION OF ENGINEERING AND CONSTRUCTION

APPLICANT MUST COMPLETE ALL INFORMATION IN THIS SECTION ONLY

"All information provided in this section must be typed or printed legibly, as this is the mailing information"

Type of Application (Check All That Apply):

Electric Gas Telephone Cable Water Sewer Fiber Optic Other

**A
P
P
L
I
C
A
T
I
O
N**

Utility Company Name _____

Contractor Name _____

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Applicant Name _____

Representative Name _____

Applicant Phone Number / Email Address _____

Representative Phone Number / Email Address _____

Utility Company Job Number _____

Applicant Printed Name _____

LOCATION OF WORK: _____ **ADC Map Grid:** _____
(address and road name) (5 digits: i.e., 04E09, 12G13)

This Application must be accompanied by Construction Drawings, drawn to scale, with construction areas noticeably marked, and indicating location features.

Description of Work: (in right-of-way)

Project Information: (in right-of-way)

#Lineal feet _____ #Road bores _____
#Open cuts _____ # of Services _____
#Test pits _____ #Other _____

Construction Date: _____

Applicant Signature acknowledges responsibility for Permit Construction Notes and County Code compliance. _____
Signature of Applicant

THIS SECTION FOR OFFICIAL USE ONLY

Utility Company/Contractors shall follow all construction notes, comments / instructions, and construction detail.

Repair Detail Required: R-4 R-5 Other _____

Comments/Instructions: 48 Hours Notice Required Prior to Beginning Construction, "Miss Utility" must be called in advance and Existing Utilities Marked prior to Any Construction (1-800-257-7777), Harford County DPW-Utilities must be notified upon completion of each project as permitted. Permit MUST be on Job Site!

BORE/PLOW ONLY- All open cuts require specific approval.

APPROVED as specified above DISAPPROVED as submitted

By: _____ INSP: _____ Date: _____

PERMIT #

Permit Fee Paid: \$ _____ Permit Fee Paid Date: _____ Held For/Date: _____

"All Fees Must Be Paid in advance of Permit Issuance"

PERMIT IS VALID FOR ONE YEAR FROM THE APPROVAL DATE

For questions or information, Please contact DPW at 410-638-3545. For required notifications, fax 410-676-3582, or call 410-612-1704.

**P
E
R
M
I
T**