

EXCAVATION PERMIT APPLICATION



720 South Fifth Street
Nashville, TN 37206
Phone #: 862-8782
Fax #: 880-3259
pwpermits@nashville.gov

TODAY'S DATE: _____

CONTRACTOR: _____

CONTACT: _____

CONTRACTOR ADDRESS: _____

PHONE #: (____) _____ FAX #: (____) _____

AFTER HOURS/EMERGENCY PHONE #: _____

EMAIL ADDRESS: _____

PROPERTY ADDRESS FOR EXCAVATION(required): _____

CROSS STREET: _____

EXCAVATION SIZE: LENGTH: _____ ft. BY WIDTH: _____ ft.

START DATE: _____ COMPLETION DATE: _____

PURPOSE OF EXCAVATION (be specific): _____

TENNESSEE ONE CALL TICKET NUMBER (required): _____

REQUESTING RIGHT-OF-WAY/LANE CLOSURE PERMIT: YES NO

NUMBER OF DAYS NEEDED: _____ START DATE: _____

WORK WEEKENDS: YES NO

Your one (1) year warranty period does not start until your final inspection is approved. To schedule your final inspection, you must email or fax your excavation permit number to the permit office at least 24 hours in advance.

SIGNATURE

PRINT NAME

OFFICE USE ONLY:

RECEIVED BY: _____

PERMIT #: _____

PAVEMENT ASSESSMENT: _____

LANE CLOSURE #: _____

PAYMENT TYPE: _____