

PERMIT APPLICATION



720 South Fifth Street
Nashville, TN 37206
Phone #: 862-8782
Fax #: 880-3259

Mark Which Type Permit Applying For:

- | | |
|---|---|
| <input type="checkbox"/> STREET CLOSURE PERMIT | <input type="checkbox"/> RIGHT-OF-WAY/LANE CLOSURE PERMIT |
| <input type="checkbox"/> TRAILER/DUMPSTER/
STORAGE UNIT PERMIT | <input type="checkbox"/> SIDEWALK CLOSURE PERMIT |
| <input type="checkbox"/> NEW DRIVEWAY PERMIT | <input type="checkbox"/> PARKING/LOADING ZONE PERMIT |

Today's Date _____

Company Name: _____

Company Address: _____

Contact Name: _____ After Hours/Emergency Phone #: _____

Phone #: (_____) _____ Fax #: (_____) _____

Email Address: _____

Street Location: _____

Sidewalk Location: _____

From: _____ To: _____

Work being performed: _____

Number of Days Needed: _____ Start Date: _____

Work Weekends: Yes _____ No: _____

Requested By: _____

Signature

Print Name

Office Use Only:

Received By: _____

Permit Number: _____

Payment Type: _____

Permit Fee: _____