

Do not fill this form out. It will be filled out by Engineering Dept. personnel on original form in quadruplicate at time of issuance.

CITY OF KNOXVILLE
DEPARTMENT OF ENGINEERING
CIVIL DIVISION
1400 LORAIN STREET
KNOXVILLE, TN 37921
PHONE: 215-8100

PERMIT
CONSTRUCTION
WITHIN
RIGHT-OF-WAY



DATE: _____ PERMIT NUMBER: _____

APPLICANT

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

OWNER

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

LOCATION OF WORK

STREET ADDRESS: _____
WARD/BLOCK: _____ CLT NO.: _____ LOT SIZE: _____

CONSTRUCTION TYPE

_____ DRIVEWAY _____ PAVEMENT CUT _____ STORM SEWER
_____ SIDEWALK _____ CURB & GUTTER _____ OTHER
_____ UTILITY CONST. _____ DRAINAGE DITCH _____

STARTING DATE: _____ SIZE (SPECIFY DIMENSIONS OF WORK) _____

NOTES: _____

REQUIREMENTS

THE APPLICANT HEREBY AGREES TO COMPLY WITH ALL PROVISIONS OF THE CODE, ORDINANCES, SPECIFICATIONS, AND REGULATIONS OF THE CITY OF KNOXVILLE, TENNESSEE.

ALL WORK SHALL BE PERFORMED BY A LICENSED AND BONDED CONTRACTOR.

THIS PERMIT SHALL BECOME VOID IF CONSTRUCTION HAS NOT BEGUN WITHIN 10 DAYS OF NOTED STARTING DATE. PERMIT EXPIRES 90 DAYS FROM DATE OF APPLICATION.

A PLAN OR TYPICAL SKETCH SHALL ACCOMPANY ALL APPLICATIONS.

A TEMPORARY TRAFFIC CONTROL PERMIT IS REQUIRED TO BLOCK THE RIGHT-OF-WAY FOR CONSTRUCTION.

APPLICANT SIGNATURE: _____

APPLICATION APPROVED _____ DATE: _____
DIRECTOR OF ENGINEERING

BY _____ PERMIT FEE _____

PAYMENT _____ PAYMENT RECEIVED BY _____ DATE _____