



COUNTY OF HANOVER

DEPARTMENT OF PUBLIC UTILITIES
P. O. BOX 470
HANOVER, VIRGINIA 23069

PERMIT # _____
UTILITY AGENT _____
PHONE NUMBER _____

UTILITY CONSTRUCTION PERMIT APPLICATION

APPLICANT requests a construction permit as indicated below and shown on the attached approved plans or sketch and/or described on the attachment to this permit application. Applicant understands that Applicant is responsible for all damages to any other installations already in place as a result of work covered by this permit application. Applicant agrees to indemnify Hanover County and its employees and/or agents from responsibility, damage, or liability arising from the exercise of the privileges granted in this permit.

If applicable, APPLICANT must provide Applicant's Land Use Permit Application number issued by the Virginia Department of Transportation (or Town of Ashland Right-of-Way Permit number) in the space below and attach a copy of Applicant's Land Use Permit (or Town of Ashland Right-of-Way Permit) to this permit application. Applicant agrees to comply with all applicable Land Use Permit Regulations.

APPLICANT requests permission to construct the public utilities shown on the approved plans dated _____ and titled _____ as shown on the attached plan and sketch and/or described on the attachment to this permit application. Said work is to be completed in a manner satisfactory to the County within _____ days from the date of issuance of the permit and if not so completed, the County may, in its discretion, complete the work at the expense of the applicant. Applicant grants permission for access to Hanover County and its employees and/or agents for the purpose of inspecting and/or completing the construction covered by this permit application.

APPLICANT

ADDRESS OF APPLICANT

SIGNATURE OF APPLICANT

TELEPHONE NUMBER OF APPLICANT

PRINTED NAME

VDOT LAND USE OR ASHLAND PERMIT NUMBER

PERMIT DATE

NOTE: THIS PERMIT APPLICATION AND STAMPED APPROVED PLANS AND SPECIFICATIONS MUST BE KEPT ON THE WORK SITE AND SHOWN WHEN REQUIRED.

Application must be returned to the Department of Public Utilities.

(TO BE COMPLETED BY DEPARTMENT OF PUBLIC UTILITIES)

By: _____
Engineer Manager/Deputy Director

Date Work Completed: _____

Date Permit Issued: _____

Inspected By: _____

Date Permit Expires: _____