CITY CUTS
APPLICATION FOR PERMIT

DATE: _____

APPLICANT: _____

LOCATION OF PROPOSED OPENING: _____

CUT: ☐ **PURPOSE OF CUT:** _____

DIMENSIONS OF CUT: _____ **FT.** **X** _____ **FT.**
WIDTH **LENGTH**

SURFACE TO BE CUT: _____

BORE: ☐ **PURPOSE OF BORE:** _____

DIAMETER OF BORE: _____ **IN.** **X** _____ **FT.**
WIDTH **LENGTH**

DATE WORK BEGINS: _____ **RESTORATION/COMPLETION DATE:** _____

JEA ONLY: **DIVISION:** _____ **WORK ORDER ACCT:** _____ **DEPT:** _____

The City will charge applicant the amount estimated under the provisions of the Ordinance of the City of Jackson regulating the making of cuts in the surface of City Streets, and/or such amount as estimatedby a City Inspector.
Applicant understands that any permit issued pursuant to this application is subject to all of the requirements of the City Ordinance referenced above whether specified herein or not and agrees to comply with the provisions of said Ordinance and agrees further that this application together with the plans and specifications required by said Ordinance shall constitute a part of the permit so issued. In the event the City is called out to make emergency repairs to the cut or bore, the contractor will be billed for the cost of the emergency repairs.
THIS PERMIT IS NOT VALID UNTIL APPROVED BY THE CITY OF JACKSON ENGINEERING DEPARTMENT.

APPLICANT SIGNATURE: _____
PLEASE PRINT NAME: _____
COMPANY: _____
EMAIL ADDRESS: _____
SUBCONTRACTOR/CONTACT NAME & #: _____

City Contact Information: **SYBLE EMISON - Engineering Department** **Phone #: 731-425-8220**
117 E. Main Street, Suite 206 Jackson, TN 38301 **Fax #: 731-425-8209**
Email Address: semison@cityofjackson.net

PERMIT APPROVED: ☐ **PERMIT DENIED:** ☐

DATE: _____

_____
Scott Chandler, City Engineer

REASON FOR DENIAL: _____