

CITY OF KNOXVILLE
DEPT. OF ENGINEERING
215-2148

**PERMIT
CONSTRUCTION
WITHIN
RIGHT-OF-WAY**



DATE APPLIED: _____

PERMIT NUMBER: _____

APPLICANT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Example permit

OWNER

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Do not fill this form out. This is a blank copy of the actual permit to be issued. Information is entered into the permits database, so that all information is printed electronically.

LOCATION OF WORK

STREET ADDRESS: _____

WARD: _____ CITY BLOCK: _____ ZONE: _____

CLT NUMBER: _____ LOT SIZE: _____

CONSTRUCTION TYPE

DRIVEWAY	PAVEMENT CUT	STORM SEWER
SIDEWALK	CURB & GUTTER	OTHER _____
UTILITY CONNECTION	DRAIN DITCH	

STARTING DATE:

SIZE (SPECIFY DIMENSIONS OF WORK): _____

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 ANTICIPATED STARTING DATE. PERMIT EXPIRES 90 DAYS FROM DATE OF APPLICATION.

A PLAN OR TYPICAL SKETCH SHALL ACCOMPANY ALL PERMITS.

APPLICANT'S SIGNATURE _____

APPLICATION APPROVED _____

DIRECTOR OF ENGINEERING

PERMIT DATE _____

BY _____

PERMIT FEE _____

BUILDING PERMIT NUMBER _____ PAYMENT _____

FEE WAIVED? _____ REASON _____

INSPECTION NOTES _____