



City of Sevierville
Public Works Department
P.O. Box 5500
Sevierville, TN 37864-5500
865-429-4567 (office)
publicworks@seviervilletn.org

**Construction within
Right-of-Way
Permit Application**

Applicant Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Contractor (if applicable): _____
Contractor License No: _____ Phone: _____
City: _____ State: _____ Zip: _____

Scheduled Start Date: _____ Scheduled Completion Date: _____
Nature of work (check all that Apply): Location of work:
 Water/Sewer Nearest Address: _____
 Electric or
 Gas Nearest Intersection: _____
 Telecom
 Other _____
Description of work: _____

By signing this document, the Applicant acknowledges that he/she has read and hereby agrees to abide by the City of Sevierville's Municipal Code Title 16 – Chapter 4 and any other ordinances, special conditions, restrictions, and regulations that may be imposed by the Public Works Department.

Applicant's Signature: _____ Date: _____

FOR CITY USE

Permit #: _____	Date: _____	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/> Traffic Control Plan Required
		<input type="checkbox"/>	<input type="checkbox"/> Insurance & Bond Required \$ _____
		<input type="checkbox"/>	<input type="checkbox"/> TDOT Permit Required
		<input type="checkbox"/>	<input type="checkbox"/> Permit Expires _____

Approved by: _____

Payment Due: _____ Received by: _____ Date: _____