

Department of Transportation

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GWINNETT COUNTY UTILITY PERMIT REQUEST

Date: _____ Company Name: _____

Request By: _____

Title: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____

24-hour Contact: _____

Phone: _____

Location of work to be performed: _____

MINIMUM INFORMATION REQUIRED FOR PERMIT APPLICATION

Plan sheets or information package with the following information:

- a. Name address and phone number of applicant
- b. Nearest street address
- c. Name of roadway for utility installation and location of proposed work
- d. Type of installation: aerial, underground, or both
- e. Note any existing structures to be removed and replaced including but not limited to traffic signs, sidewalk, or curb and gutter
- f. Note work to be performed by in house forces or independent contractor (name and telephone number required for contractor)
- g. Note any work to be performed either aerial or underground near any traffic signal equipment
- h. Size and type of facility to be installed
- i. Estimated duration of when lane closures will be required. Manual on Uniform Traffic Control Devices (MUTCD) must be followed for any and all work within the right-of-way. Provide a detour plan if applicable.
- j. Schedule or timeline for duration of work within right-of-way
- k. Other information as required