



## CITY OF HEATH

200 Laurence Dr.  
Heath TX 75032

972-771-6228 – Main City Number  
469-273-4015 - Fax  
972-961-4897 – Inspection

### APPLICATION FOR PERMIT RIGHT OF WAY ACTIVITY

Permit # \_\_\_\_\_ - \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Picked Up  
By: \_\_\_\_\_

Receipt # \_\_\_\_\_

Date \_\_\_\_\_

#### PROJECT OWNER

Project Owner \_\_\_\_\_ Address \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Heath Reg # \_\_\_\_\_

#### GENERAL CONTRACTOR

General Contractor \_\_\_\_\_ Address \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Heath Reg # \_\_\_\_\_

#### SUB CONTRACTOR

Sub Contractor \_\_\_\_\_ Address \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Heath Reg # \_\_\_\_\_

#### PROJECT LOCATION

Project Location \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

#### REQUIRED SUBMITTALS

- Vincy Map YES ☐ NO ☐
- Type of Utility (pipe, cable, etc) \_\_\_\_\_
- Plan/Profile(describe) \_\_\_\_\_
- DIG TESS # \_\_\_\_\_

I HEREBY ACCEPT ALL CONDITIONS HEREIN ABOVE  
MENTIONED AND CERTIFY THAT ALL STATEMENTS  
HEREIN RECORDED BY ME ARE TRUE.

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_  
agent or owner

DATE \_\_\_\_\_

APPROVED \_\_\_\_\_  
Engineering Inspector

CREATED 11/06/2008 RB

#### CHECKLIST

- ☐ \$250,000 BOND/INSURANCE
- ☐ CONTRACTOR REGISTRATION
- ☐ PLANS, SPECIFICATIONS
- ☐ ALL UTILITIES LOCATED