PERMIT FOR WORK IN GARLAND COUNTY RIGHT-OF-WAY, EASEMENT & PROPERTY

151 Centennial Drive Hot Springs, AR 71913 PERMIT NO: _____ Phone 501.767.9174 Fax 501.767.9179 DATE OF APPLICATION: NAME OF PROJECT: COMPANY NAME: STATE: _____ ZIP: ____ WORK PHONE: _____ CELL PHONE: ____ FAX PHONE: _____ E-MAIL: _____ WORK BEING DONE FOR UTILITY/COMPANY: PERMIT LOCATION AND/OR STREET ADDRESS: BASIC SCOPE OF WORK TO BE DONE: (Example - Bore, Cut or Working in ROW) **ESTIMATED WORK SCHEDULE:** START DATE: COMPLETION DATE: _____ CERTIFICATION: I certify that I have been offered a copy of the GARLAND COUNTY ARKANSAS ORDINANCE NO. 0-16-14 DATED MARCH 14, 2016 FOR GARLAND COUNTY ROAD PERMIT PROCESS ISSUED FEBRUARY 05, 2016. PERMIT ISSUE DATE: SIGNATURE OF APPLICANT: PRINTED NAME OF APPLICANT:

Garland County Road Department