

SANITARY SEWER ACCESS AUTHORIZATION FORM

A separate Qualified Contractor Permit issued by the Department of Transportation is required for any work within the Public Right-of-Way.

Location and Type of Work	Site Address: Location Description:	-	-	-		_	-	
	Description of Work							
Location and Type of Work	_							
cati /pe	_							
J F	Estimated Duration:	From:						
Responsible Party	Name of Owner or Corpora	ition						
	Owner's Address							
	_							
	Authorized Representative:							
	24-Hour Contact Number:	-						
Ä								
Design Approval	Site Development		Date Signed: _		<u> </u>	-		
	Print Name:				Signature:			
n Al	ATTENT	ION: B	LUE STI	CKER	REQUIR	ED ON	PLANS	
Desig	Transportation		Date Signed: _			=		
	Print Name:				Signature:			
	Watershed Protection-Eros	ion Contro			Data Signad:	:		
Joint Pre-Construction			,,		Signature:			
					0.8.10.0.			
	Transportation		Date Signed: _			_		
	Print Name:				Signature:			
_	NA/ataushad		Data Cianada					
Final Inspection	Watershed Print Name:		Date Signed: _		Signature:	_		
	- I Tille Name.				oignature.			
	Transportation		Date Signed					
inal	Print Name:		_		Signature:			
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•	of authorized City of Atlanta anta minimum standards. Ap	•		•		•	•	
City of Atlanta minimum standards. Approval shall in no way relieve the owner or contractor of responsibility for any damage to any other property or to any liabilities resulting there from, and does not constitute an assumption of liability								
			-				•	•
by the City	of Atlanta.							

Completion of this document is a necessary condition for any private entity to perform work on any part of the City of Atlanta's Sewage System. This form must be on site whenever work is underway.

