



**MORGAN COUNTY PLANNING AND DEVELOPMENT**

150 East Washington Street, Suite 200

P. O. Box 1357

Madison, Georgia 30650

**Office: (706)342-4373**

**Fax: (706)343-6455**

**Right of Way Encroachment Permit Application for Utilities**

This application must be completed by the applicant and submitted with all supporting documents to the Planning and Development office with a \$35.00 permit fee.

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

24 Hour Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Utility Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

24 Hour Contact: \_\_\_\_\_ Title: \_\_\_\_\_

24 Hour Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

24 Hour Contact: \_\_\_\_\_ Title: \_\_\_\_\_

24 Hour Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Engineer's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

24 Hour Contact: \_\_\_\_\_ Title: \_\_\_\_\_

24 Hour Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Construction Information:**

	<b>Material to be Installed</b>	<b>Underground or Aerial</b>	<b>Installation Depth (ft)</b>	<b>Installation Height (ft)</b>	<b>Distance from Center Line of Road (ft)</b>	<b>Installation Length (ft)</b>
<input type="checkbox"/>	Electrical Lines					
<input type="checkbox"/>	Gas Lines					
<input type="checkbox"/>	Telecommunication Lines					
<input type="checkbox"/>	Water Lines					
<input type="checkbox"/>	Sanitary Sewer					
<input type="checkbox"/>	Storm Sewer					
<input type="checkbox"/>	Grey Water Lines					
<input type="checkbox"/>	Other					

Other (Explain) \_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

Please attach copies of the following documents: (if applicable)

- Civil Plans
- Erosion, Sedimentation and Pollution Control Plan with Checklist
- NPDES Application
- Notice of Intent

By signing this request, I agree to construct or have driveway constructed as described below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Morgan County Commissioners**  
**150 East Washington Street, Suite 100**  
**P. O. Box 168**  
**Madison, Georgia 30650**  
**Office: (706)342-0725      Fax: (706)343-6450**

**INDEMNIFICATION AGREEMENT**

**This Agreement**, made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

between \_\_\_\_\_, hereinafter referred to as "Indemnitor", and the  
(Applicant)

Morgan County Board of Commissioners a political subdivision of the State of Georgia, hereinafter referred to as "Morgan County".

For good and valuable consideration, receipt of which is acknowledged, it is hereby agreed:

**Section 1. Liability, Loss or Damage.** Indemnitor, hereby agrees to indemnify Morgan County and hold Morgan County harmless from any and all claims, demands, attorneys' fees and cost of defense of judgment against it, arising from Indemnitor's use of the County's road right of way for \_\_\_\_\_.  
(Road Name)

**Section 2. Damages.** Indemnitor hereby agree to repair or reimburse Morgan County for necessary costs to repair damages reasonable caused by such person's construction of access to Morgan County public right of way and roadway.

**Section 3. Duration.** Indemnity under this agreement shall commence on the date of execution hereof and shall continue in full force for a period of two (2) years from said commencement date.

**Section 4. Notice.** So long as Indemnitor keeps Morgan County informed of Indemnitor's current address, Morgan County shall notify Indemnitor of all claims made against Morgan County that are subject to this Indemnification Agreement.

**In Witness Whereof**, the parties have executed this agreement at Madison, Georgia, the day and year first above written.

\_\_\_\_\_  
(Indemnitor)

(SEAL)

**Morgan County, Georgia**

Subscribed and sworn before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_