



CITY OF EAST RIDGE
OFFICE OF BUILDING OFFICIAL
APPLICATION FOR STREET CUT PERMIT

Applicant: _____ Contact Person _____

Address: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail _____

24 Hour Emergency Phone (if different from above): _____

Location of Opening: _____ Size (in ft.): _____

Distance to Nearest Intersection: _____ Name of Intersection _____

Description of Work _____

Estimated Start Date: _____ Time: _____ End Date: _____ Time: _____

NOTIFY THE OFFICE OF CHRIS VAUGHN PRIOR TO ACTUAL START OF WORK (423) 892-3169

DRAW A DETAILED SKETCH INCLUDING ALL MEASUREMENTS BELOW

	TRUE NORTH

See General Instructions