

**GEORGIA DEPARTMENT OF TRANSPORTATION
ANNUAL SCHEDULE FOR VEGETATION MANAGEMENT AT UTILITY ENCROACHMENTS**

SECTION A:

SCHEDULE IS HEREBY MADE TO THE GEORGIA DEPARTMENT OF TRANSPORTATION BY:

UTILITY & ADDRESS: _____

PHONE #: _____ FACSIMILE #: _____ EMAIL: _____

TO MAINTAIN ALL OF THIS UTILITY'S RIGHT OF WAY ENCROACHMENT SITES IN DISTRICT: _____

DATES OF SCHEDULE: FROM ___/___/____ TO ___/___/____

SECTION B:

CHECK THE APPROPRIATE BOX OR BOXES FOR EACH MAINTENANCE ACTIVITY THAT THIS ANNUAL SCHEDULE APPLIES TO:

MOWING CHEMICAL CONTROL PRUNING & TREE REMOVAL

1. MOWING: LIST ON AN ATTACHMENT THE LOCATIONS WHERE THIS ACTIVITY WILL OCCUR. SPECIFY THE COUNTY AND ROUTE NUMBER FOR EACH LOCATION INCLUDING THE FACILITY DESCRIPTION AND TYPE(S) (I.E. POWER TRANSMISSION, POWER DISTRIBUTION, ETC.)

2. CHEMICAL CONTROL:

IF CHEMICALS WILL BE USED ON THE RIGHT OF WAY, LIST ON AN ATTACHMENT THE CHEMICAL NAMES AND APPLICATION TYPE FOR EACH CHEMICAL, AS WELL AS EACH LOCATION WHERE THIS ACTIVITY WILL OCCUR. SPECIFY THE COUNTY AND ROUTE NUMBER IN THE DESCRIPTION OF THE LOCATION.

3. PRUNING AND TREE REMOVAL:

LIST ON AN ATTACHMENT THE LOCATIONS WHERE THIS ACTIVITY WILL OCCUR. SPECIFY THE COUNTY AND ROUTE NUMBER FOR EACH LOCATION INCLUDING THE FACILITY TYPE(S) (I.E. POWER TRANSMISSION, POWER DISTRIBUTION, ETC.)

SECTION C:

I HAVE READ AND COMPREHEND THE VEGETATION MANAGEMENT SECTION OF THE DEPARTMENT'S UTILITY ACCOMMODATION POLICY AND STANDARDS, CURRENT EDITION.

Permit requested this _____ day of _____ 20____ by: _____ / _____
(Applicant Signature) (Applicant Name)

WITNESS TO SIGNATURE: _____
(Applicant's Title)

PERMISSION IS GRANTED FOR THE ABOVE DESCRIBED UTILITY VEGETATION MANAGEMENT ACTIVITIES IN ACCORDANCE WITH THE POLICY AND PROVISIONS HEREOF. THIS PERMIT IS TO BE STRICTLY CONSTRUED AND NO WORK OTHER THAN THAT DESCRIBED ABOVE AND IN THE UTILITY STANDARDS IS HEREBY AUTHORIZED.

PERMIT GRANTED THIS _____ DAY OF _____ 20____ BY: _____
(District Engineer - Department of Transportation)

Distribution After Approval Utility DOT General Office DOT District Office DOT Field Inspector	(To Be Completed by GDOT District Office) District No. _____ Permit No. _____
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