

## Georgia Department of Transportation Emergency Utility Permit Checklist

<b>Emergency Permit Num</b>	nber:	County:
Company Name:Ca		Caller's Name:
Phone #:	E-mail (if available):	Route Number:
Location:		
Description:		
Emergency Permit is issued official Emergency Permits is issued in the control of	ued) shall be entered in the GUPS s	, Inspector or Authorized Personnel. The checklist information system within 48 hours so that the District Office can verify that a Please file and retain this document in your office for one year this checklist.
Underground Services	(Pipelines, Conduits, Power, Cabl	les or Other Facilities)
What type of facility (Wat	er/Sewer/Gas/Power/Cable):	What size is the facility (Inches):
When was the problem fi	rst noticed:	Is it main or Service Line:
Type of material the facil	ity is made of:	How deep is the facility (Feet):
Are any travel lanes goin	g to be shut down:	If so how many:
Will the pavement be cut	:	If so how big of an opening (Area):
Pressure (PSI):	Does it involve a GDOT Struc	cture (Bridge, Wall or Sign Structure):
Above Ground Services	s (Poles, Hydrants, Cabinets or Ot	ther Facilities)
Reason for replacement	(Wind Damage, Hit by Vehicle, Brok	sen, other):
Description of facility:		Height of facility (Feet):
Will the facility be replace prevent future damages	ed at the same location:	If yes, consider an improvement to clear zone
Will the facility be replace	ed closer to the roadway:	If so, distance from E.O.P. (Feet):
Are any travel lanes goin	g to be shut down:	If so how many:
Will any transfers be nee	ded by other attachees:	If so, who:
Based on the information	received this Emergency Permit Re	equest was: Approved Declined
Emergency Permit Determined By:		Date:

Signature