



Permit for Work Zone Usage of City Right-of-Way

Chattanooga Transportation Department
Development Resource Center
1250 Market Street, Suite 3030
Chattanooga, Tennessee 37402

For Office Use Only

Technician Signature

Date

Location of Work Zone: _____

Description of Work Zone: _____

Begin Date: _____ End Date: _____

Work Zone User agrees to the following:

1. User will defend, indemnify, and hold harmless the City of Chattanooga, Tennessee its officers, agents, and employees from any and all claims for damages for injuries to persons or property related to or arising out of the aforementioned use.
2. User will vacate the City's Right-of-Way and restore the property to substantially the same condition that existed prior to granting the work zone use within seven (7) days of notice from the City to do so.
3. User will provide full access for maintenance of any utilities located within the work zone.
4. User will obtain any and all other permits, variances, or approvals necessary for activities in the work zone.
5. User agrees to maintain the property including, but not limited to traffic signs, signals, poles, street lights, parking meters, pavement markings, landscaping and irrigation, benches, trash cans and tables in the work zone in the condition equal to or better than the condition at the time the work zone use is granted.
6. User agrees to install and maintain traffic control signs, channelizing devices, and job site, work zone and/or staging area perimeter fencing as specified on attached traffic control plan, and shall maintain the devices for the duration of the project. Relocation or removal of traffic control devices or perimeter fencing shall not be allowed, unless approved by a representative of the Transportation Department.
7. All contractor employee parking shall be inside the perimeter fencing, when applicable. No employee parking shall be allowed on metered spaces unless previously approved by the Transportation Department.

Company/Contractor responsible for the work zone: _____

Address: _____

Individual/Point of contact: _____ Phone number: _____

Email: _____

Print Applicant Name

Applicant Phone

Applicant Fax

Applicant Signature

Date