ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
GENERAL PERMIT FORM

TO BE COMPLETED BY THE UTILITY OWNER **DATE _____**

NAME _____ PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

THE UNDERSIGNED REQUESTS PERMISSION TO INSTALL FACILITIES, AS DESCRIBED BELOW,

LOCATED ON THE RIGHT OF WAY OF HIGHWAY _____IN _____

COUNTY, ARKANSAS, NEAR THE CITY OF _____

TYPE AND DESCRIPTION OF FACILITY

TELEPHONE ___GAS ___WATER___SEWER ____POWER____TELEVISION ____AERIAL___ BURIED____ PARALLEL____CROSSING ____

SIZE _____ LENGTH _____ WORKING PSI _____DESIGN PSI _____

LOCATION

_____

_____

_____

_____

THE LOCATION AND DESCRIPTION OF THE PROPOSED FACILITIES ARE SHOWN IN MORE DETAIL ON THE ATTACHED PLANS.

IT IS UNDERSTOOD AND AGREED THAT ANY INSTALLATION OR WORK COVERED BY THE GENERAL PERMIT SHALL BE SUBJECT TO STATE LAW AND TO APPLICABLE RULES AND REGULATIONS PRESCRIBED BY THE ARKANSAS STATE HIGHWAY COMMISSION. WORK PERFORMED UNDER SUCH PERMIT SHALL CONSTITUTE FULL ACCEPTANCE OF ALL APPLICABLE REQUIREMENTS OF SUCH LAWS, RULES, REULATIONS AND SPECIFIC TERMS AND PROVISIONS AS SET FORTH BY THE GENERAL PERMIT. ALL WORK SHALL BE COMPLETED TO THE SATISFACTION OF THE DISTRICT ENGINEER.

SIGNATURE OF APPLICANT **TITLE**