



## DOUGLAS COUNTY BOARD OF COMMISSIONERS

### DEPARTMENT OF TRANSPORTATION

8700 Hospital Drive • Douglasville, GA 30134 • Telephone 770.920-4932 • Fax 770-920-4933  
Suleman Rana, P.E., Director

## DOUGLAS COUNTY RIGHT-OF-WAY PERMITS TERMS AND CONDITIONS FOR FILMING

### 1. Permit Request and Procedures

- a. All lane closures and traffic interruptions shall follow the Current Edition of the Manual on Uniform Traffic Control Devices (MUTCD) <https://mutcd.fhwa.dot.gov/>
- b. All information requested within the application must be complete, or if not applicable, use N/A.
- c. Allow a 10-calendar day turnaround from the date of receipt unless justifiable circumstances demand otherwise. Justifiable circumstances can be emailed to [srana@douglascountyga.gov](mailto:srana@douglascountyga.gov)
- d. Request form and all supplements may be emailed to [tperkins@douglascountyga.gov](mailto:tperkins@douglascountyga.gov)
- e. If submittals are not emailed, two complete copies of each request form and all supplements must be submitted. Each request form shall include project name, location of event, traffic control plan (*if needed*), 24-hour contact.
- f. The applicant agrees that someone who can effectively communicate with the Douglas County Department of Transportation (DCDOT) will always be available to respond to emergencies.
- g. A copy of the request will be returned to you signed either approved, approved with modifications, or rejected. Any reply other than approved, will be returned with an explanation. Permit requests that have been rejected may be re-submitted with an explanation justifying the original request.
- h. Approved permit is active for 90 days. An extension may be requested prior to expiration. After expiration, permit request must be resubmitted.

### 2. Notification of Work Schedule

- a. No work within Douglas County Right-of-Way shall begin without at least a 24-hour prior notification to the DCDOT at (678) 626-5643 or (678) 449-3966.

### 3. Field Requirements

- a. All equipment shall be moved to an area that will pose no danger to the traveling public during or after operating hours.
- c. At completion of project, right-of-way must be clean and free of trash, debris, remnants, scraps, leavings, etc. within 24 hours.



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## RIGHT-OF-WAY PERMIT APPLICATION FOR FILMING

### APPLICANT INFORMATION

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Requested By: \_\_\_\_\_ Title: \_\_\_\_\_ Contact#: \_\_\_\_\_

Project Name: \_\_\_\_\_ 24 Hr. Contact#: \_\_\_\_\_

A 24-hour contact person and at least one person on-site must be able to effectively communicate with Department.

### PROJECT INFORMATION

Location: \_\_\_\_\_

Parcel Number (if applicable): \_\_\_\_\_

The proposed Work will consist of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The Work is scheduled to begin on or about \_\_\_\_\_, 20 \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_.

The Work will be completed in approximately \_\_\_\_\_ day(s).

### PERMIT REQUEST TYPE:

Type A (*Standard Right-of-Way Permit*)  
 Type B (*Road Closure*)  
 Type C (*Lane Closure*)  
 Type D (*Other Please Specify*)  
\_\_\_\_\_  
\_\_\_\_\_



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### APPLICATION FOR ROAD CLOSURE/LANE CLOSURE WITHIN DOUGLAS COUNTY RIGHT OF WAY

#### PROCEDURES FOR ROAD CLOSURE NOTICES

Emergency and non-emergency road closures are coordinated by Douglas County Traffic Operations Division. Non-emergency road closures are to be advertised in the Sentinel for two (2) weeks prior to closure. The advertisement is clipped and kept with the file. Douglas County DOT must approve detour route prior to installation. Notice must be sent to residents stating closure/opening dates. The notice, including details and detour route, is sent by email, and faxed to DC 911, School Transportation, and the respective Post Office (this can be found on the map atlas). A public notice sign must be installed at closure indicating proposed start/completion date. All Signing-Marking must meet current MUTCD standards and specifications. Notices are sent when the road is to be opened back up for traffic. Emergency road closure procedures are the same except for the newspaper advertisement.

Request approval to close Road (See Road Closure Procedures Below) or One Lane of traffic.

Date \_\_\_\_\_

Name of Project \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

#### AFFIXATION

I declare that I am the applicant involved in this application, and that the foregoing statements and answers contained herein, and the information submitted herewith are in all respects true and correct to the best of my knowledge and belief. I designate to act as my agent with respect to this application. I have read, understood, and will comply with the attached general right of way permit terms and conditions.

**By affixing my name assures Douglas County that I have read and agree with the above terms.**

Authorized Signature and Title: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_



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**FOR DOT USE ONLY**

Comments:

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Dated: \_\_\_\_\_

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Name of Company \_\_\_\_\_

Company's Job Number \_\_\_\_\_

Approved \_\_\_\_\_

Approved With/Modifications \_\_\_\_\_

Permit # \_\_\_\_\_

Rejected \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_