

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

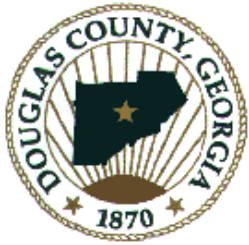
- a. All lane closures and traffic interruptions shall follow the Current Edition of the Manual on Uniform Traffic Control Devices (MUTCD) <https://mutcd.fhwa.dot.gov/>
- b. All information requested within the application must be complete, or if not applicable, use N/A.
- c. Allow a 10-calendar day turnaround from the date of receipt unless justifiable circumstances demand otherwise. Justifiable circumstances can be emailed to srana@douglascountyga.gov
- d. Request form and all supplements may be emailed to 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:

Dated: _____

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Name of Company _____

Company's Job Number _____

Approved _____

Approved With/Modifications _____

Permit # _____

Rejected _____

Date: _____

Reviewed By: _____