

**CITY OF MANCHESTER
DEPARTMENT OF HEALTH AND CODE**

200 W. Fort Street
Manchester, TN 37355
931-723-1464

EXCAVATION PERMIT (UNDERGROUND TANKS)

PERMIT LOCATION: _____

CONTRACTOR: _____

LOCATION PHONE NO. _____ CONTACT PERSON: _____

OWNER: _____

ADDRESS: _____

PHONE NO.: _____

\$ 500.00 SURETY DEPOSIT REQUIRED: Cash _____ Bond _____ Letter of Credit _____

REQUIREMENTS:

TAPE AND BARRICADES IN PLACE YES _____ NO _____

TAPE AND BARRICADES PLACED BY CODES DEPARTMENT YES _____ NO _____
(if yes list charges below to be deducted from surety deposit)

CHARGES FOR SERVICES _____

WORK COMPLETED: (DATE) _____

REFUND(less charges for services) _____

PERMIT FEE _____

Health and Codes Administration / Safety Office

Applicant