Brunswick-Glynn County Joint Water and Sewer Commission
Form for Submittal of DOT GUPS Application

Project Name ________________________________________________

Contact Name & Number ______________________________________

(Contact Person for question regarding the Application Information)

1. Please select the work category applicable to your project: (Separate submittals are required for Water and Sewer Permits)
   ○ Potable Water   ○ Sewer

2. Please select the route on which you plan utility installation: (When choosing state routes, if two state routes run common, it is customary to use the lower route number.)
   ○ 25          ○ 25SP   ○ 99          ○ 405
   ○ 25CO  ○ 27          ○ 303          ○ 520
   ○ 25SE  ○ 32

3. Please narrow the location down between two nearest road features:
   Beginning Milepoint ___________ (if milepoint is unknown you may provide the number of feet before or after the closest major intersection) ______________________
   Ending Milepoint ___________ (if milepoint is unknown you may provide the number of feet before or after the closest major intersection) ______________________

4. Please specify the Traffic Control Type for General Encroachment Application:
   ○ MUTCD Part 6 – Typical Application Plan
   ○ Detailed Traffic Control Plan
   ○ Combination (Typical and Detailed plan)

5. Please specify the following details for the Utility application:
   Provide a detailed work description:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   Work Days Estimate: ________ days
   Facility Placement:
   ○ Longitudinal   ○ Both   ○ Non-applicable   ○ Service tap only
   ○ Crossing
   Does application impact a bridge, wall, culvert or include construction of a tunnel?
   ○ Yes   ○ No

6. Please specify the following details for standard installation permit application:
   Installation Length: ________ feet
   Minimum Distance from Edge of Travel Lane: ________ feet (Enter negative number for measurement to indicate installation under pavement based from the edge of pavement)
   Maximum Distance from Edge of Travel Lane: ________ feet
   Service Tap Type:
   ○ Longside   ○ Shortside   ○ Both   ○ NA
   Facility Type:
   ○ Distribution   ○ Transmission   ○ Both
7. Please specify the following details for pipe permit application:

- **Pipe Size:** ________ inches
- **Pipe Material:** __________________
- **Casing Size:** ________ inches
- **Casing Material:** __________________
- **Operational Pressure:** ________ psi (if applicable)
- **Valves Quantity:** ________
- **Main Type:**
  - Gravity
  - Pressure
- **Operational Pressure:** ________ psi (if applicable)

8. Please specify the Underground Construction Information:

- **No. Manholes:** ________
- **No. Valve boxes:** ________
- **Minimum Depth of Facility:** ________ feet
- **Maximum Depth of Facility:** ________ feet
- **No. of Test Holes:** ________
- **Underground Construction Type:**
  - Auger
  - Horizontal
  - Directional Drilling
  - Jack & Bore
  - Trench
  - Tunneling
  - Pull
  - Retention
  - Micro Tunneling
  - Plow
  - Pushing
  - Pull
  - Open Cut
  - Insertion
  - Manhole
  - Work Only
  - Retention Tunneling
  - Pipe Bursting
  - Work to involve Bridge

- **Pavement Cutting:**
  - Yes
  - No

  If Yes:
  - **No. Lanes affected:** __________________________
  - **Area of Pavement Cut:** ________ square feet

- **Type of Pavement Cut:**
  - Longitudinal
  - Service Tap
  - Repair
  - Window
  - None

  If Yes:
  - **Soil Core Survey Include:**
    - Yes
    - No

- **Joint Trench:**
  - Yes
  - No

  If Yes:
  - **Other Company in Trench:** __________________________

  **NJUNS Ticket Number:** __________________________

9. Please specify the files to be uploaded: (Provide CD of electronic files – Location Map and Plan Set)

List provided files to be attached to permit:
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

10. Please Specify if the work involves blasting:

- Yes
- No