



FEE: \$25.00

APPLICATION FOR EXCAVATION WITHIN STREETS, ALLEYS, SIDEWALKS, AND PUBLIC RIGHT-OF-WAY WITHIN THE CITY OF WHITE CLOUD

DATE: _____

PERMIT #: _____

1. Applicant Information: (If not individual, list business)

Owner Information: (If different than applicant)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Liability Insurance Carrier: _____

Phone: _____

2. Address of property involved: _____

3. Surface type for street or sidewalk: _____

4. Purpose of excavation: _____

5. Description of work to be executed: _____

6. Size and location of work: _____

7. Project start date: _____

Project end date: _____

8. Attach a sketch showing the location, character and dimensions of the proposed excavation or opening.

Applicant Signature _____

Date _____

Applicant Signature _____

Date _____

Applicant is responsible for repair of all damaged property/services including but not limited to water/sewer mains, laterals, sprinkler lines, electric lines, storm pipes, sidewalks, etc. whether marked or not.

UTILITIES CHECKED BELOW WERE IDENTIFIED & MARKED ACCORDINGLY AT THE WORK LOCATION

Electrical Water Sewer Gas Communications

() **Granted** **Reasons/Conditions:**

() **Denied** **Reason(s):**

Date: _____

DPW Supervisor, City of White Cloud