

FEE: \$25.00

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

DATE:		
. Applicant Information: (If not individual, list business)	Owner Information: (If differen	t than applicant)
Name:	Name:	
Address:	Address:	
Phone:	Phone:	
E-mail:	E-mail:	
ability Insurance Carrier:	Phone:	
Address of property involved:		
. Surface type for street or sidewalk:		
. Purpose of excavation:		
Description of work to be executed:		
. Size and location of work:		
Project start date:	Project end date:	
Attach a sketch showing the location, character and dim	ensions of the proposed excavation or o	ppening.
applicant is responsible for repair of all damaged vater/sewer mains, laterals, sprinkler lines, elect narked or not.  Disturbed areas shall be restored with topsoil, see f 3" thick and conforming to the slopes and eleva	ric lines, storm pipes, sidewalks, ed, and fertilizer. Topsoil shall be	etc. whether placed a minimum
r 5 thick and conforming to the slopes and eleva	<u> </u>	, Contractor Stall
pplicant Signature Date	Applicant Signature	Date

Phone: (231) 689-1194

Fax: (231) 689-2001

Email: Clerk@CityofWhitecloud.org



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

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, Cit	y of White Cloud			
Copy Distribution:	Original - City of Whi	te Cloud Copies:	Applicant, DPW, Prope	rty File		

Phone: (231) 689-1194

Fax: (231) 689-2001

Email: Clerk@CityofWhitecloud.org