

Fee: \$25.00

APPLICATION FOR APPROVAL TO WORK WITHIN THE CITY RIGHT OF WAY

APPLICANT:

Name of Individual of Company

Address Telephone

Incorporated under the laws of the State of _____, with principal place of business in:

City State Zip Code

**DESCRIBE FULLY WORK TO BE CONTEMPLATED FOR EXCAVATING OR
CUTTING OF SURFACING OR PAVING WITHIN THE RIGHT-OF-WAY OF PUBLIC
STREETS, ALLEYS OR OTHER PUBLIC GROUNDS.**

the proposed work will be located beginning at _____
Street Address Lot and Block
Number

And continuing to _____
Street Address Lot and Block Number

PROOF OF LIABILITY INSURANCE:

PLEASE ATTACH PAPER SHOWING PROOF OF INSURANCE

Insurance Company Policy Number

Address

Phone Number

An auditor's plat map or drawing shall be attached to each copy of an application to show location of proposed excavation or cutting of surfacing or paving within the right- of-way and other pertinent information.