



Office Use Only:

Permit Number: \_\_\_\_\_

## UTILITY/ROW PERMIT APPLICATION

APPLICANT

PHONE

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

SITE AREA/ADDRESS:

CITY:

STATE:

ZIP:

JOB DESCRIPTION:

VALUATION: \$

LEGAL DESCRIPTION: LOT:

BLOCK:

SUBDIVISION:

**\* PLEASE INCLUDE A DRAWING OF THE SITE AND WORK TO BE COMPLETED**

<b>CONTRACTOR</b>	COMPANY NAME	LICENSE #	
	ADDRESS		
	CITY	STATE	ZIP
	CONTACT NAME		
	DAYTIME PHONE		
	EMAIL		

SPECIAL CONDITIONS/REMARKS:

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL COMPLY WITH THE PLANS AND SPECIFICATIONS HERewith SUBMITTED AND WITH ALL THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

NAME OF APPLICANT *(please print)*:

APPLICANT'S SIGNATURE:

DATE:

**CONTACT PUBLIC WORKS TO SCHEDULE INSPECTION AT 763-427-3224**

PW SUPERINTENDENT SIGNATURE:

DATE:

REQUIRED APPROVAL: **NOTE: THERE MAY BE A DRAIN TILE INSTALLED BEHIND THE CURB IN THIS LOCATION. ALL WORK TO BE DONE IN UTILITY EASEMENT.**