

VILLAGE OF CAMPBELLSPORT STREET AND/OR TERRACE OPENING APPLICATION

___ Street Opening

Date _____

___ Terrace Opening

Permit Amount - _____

1. Applicant's Name

2. Business Address

3. Name of Street to be Opened

4. Starting Date - Completion Date

5. Street Numbers of Abutting Properties

6. Nearest Intersecting Street to Opening

7. Size of Opening:

Width _____ Length _____ Depth _____

8. Distance of Opening from Curb or Pavement Edge (Feet) _____

9. Purpose of Opening

10. Phone No. & Contact person if different than applicant

I(We) hereby agree to be bound by the provisions of the ordinances, specifications, and regulations of the Village of Campbellsport governing openings in or under municipal streets and to such special conditions, restrictions, and regulations as may be imposed by the Director of Public Works.

Applicant's Signature

DO NOT WRITE BELOW THE DOUBLE LINE – FOR DEPARTMENTAL USE ONLY

FOR STREET OPENING PERMITS ONLY

The applicant is hereby authorized to make an opening in or under the above named street at the location designated; provided, however, all work is performed in accordance with the applicant's plans, the Village of Campbellsport's ordinances, specifications, and regulations governing street openings, and the following special conditions:

or such special conditions as may be imposed during the performance of the authorized work.

Authorized Signature

PERMIT ISSUED

PERMIT NO.

0200

Date _____ Amount _____

Authorized Signature

Opening and Backfill

Dates of Inspection and By Whom Made
Cut and Sub-base Temporary Plan

Permanent Patch

Public Utilities Damaged – NO ___ Yes* ___ *Explanation on reverse side

White copy to Clerk
stterraceapplication

Yellow to Inspection

Pink to Garage

Gold to Applicant