



Application Received: _____
Received By: _____
Deposit Paid: _____
Permit Number: _____

STREET/SIDEWALK CUT PERMIT APPLICATION

TO BE COMPLETED BY APPLICANT (CONTRACTOR):	
Applicant's Name: _____	Phone: _____
Applicant's Address: _____	
Contractor (If other than Applicant): _____	Phone: _____
Street/ Sidewalk to be cut: _____	Location of cut: _____
Purpose of Cut: _____	
Dimensions of Cut: _____	
Type of Surface: _____	
Street Closure requested to complete work (if yes, attach detailed traffic control plan): _____ YES _____ NO	

The undersigned Permittee, requests permission to make a street/sidewalk cut as described above. The permittee hereby accepts this permit, and agrees to comply with all of the terms and conditions set forth herein.

PERMITTEE: _____

DATE: _____

TITLE: _____