

**APPLICATION FOR STREET OPENING PERMIT**

The following application must be completed in full PRIOR to excavating any public street, alley, right of way or easement with the Municipality.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

EXACT LOCATION OF THE PROPOSED EXCAVATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROXIMATE SIZE OF THE EXCAVATION OR AREA OF THE SURFACE TO BE REMOVED \_\_\_\_\_

\_\_\_\_\_

PURPOSE OF EXCAVATION OR REMOVAL \_\_\_\_\_

NAME OF APPLICANT'S INSURANCE CARRIER:  
\_\_\_\_\_  
\_\_\_\_\_

**COPY OF CERTIFICATE OF  
INSURANCE MUST BE ATTACHED**

PERMIT FEE \$ \_\_\_\_\_ PAID \_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_ PAID \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date received \_\_\_\_\_ Application NO. \_\_\_\_\_

I hereby approve \_\_\_\_\_ deny \_\_\_\_\_ Application NO. \_\_\_\_\_ Date \_\_\_\_\_

If denied, reason for denial \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Village Administrator / Street Superintendent

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\_\_\_\_\_ Finished work inspected \_\_\_\_\_ Reimbursement of deposit approved

Reimbursement issued: Date \_\_\_\_\_ Check No. \_\_\_\_\_

\_\_\_\_\_  
Administrative Office