Permit '	Number:	
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PERMIT: DRIVEWAY AND OR ALTERATIONS ON PUBLIC RIGHT OF WAY

Date Submitted:	Project Completion Date:		
Present Mailing Address of Owner Name: Street:	Address at Permit locat		
City/State/Zip:			
Phone:			
FAX:			
Permit Requested:			
	Driveway Relocation Utility O Culvert Addi O Culvert Rem		
Permit Fee: o Commercial (\$200.00	fee) o Residential and Field Entrances wa	Building(s) (\$100.00 fee)	
No fee for Vacant I	and Field Entrances		
Proposed Method of Installation:			
o Tunnel	Suspended on Towers o Jack and B	ore	
-	Cased o Plow		
	Trench o Culvert		
o Cut and Fill			
Proposed Work:			
o Cross Right-of-Way	o Underground		
o Overhead	o Parallel to Right-of-Way		
o Culvert			
Type of Installation:			
Plans prepared by:	Copy Attached? Ye	s No	
How much frontage do you have o	n roadway?		
Name of Road/Street involved	Side of Street	N E S W (Circle One)	
in accordance with the description coapplication after inspection by the au	icant binds and obligates themselves to contained herein and sketches attached here thorized Public Works Representative. A . SKETCH AND/OR PLAN DRAWING	to and abide by the approved final inspection MUST be made	
Applicant's signature			
	ondition: Ainch diameter production in diameter production in driveway to provide proper drainage.	pe,feet in length	
Road Superintendent		_ Dated:	
Town of Walworth Board Member		_ Dated:	
Comment:		_ Fee: \$	