



DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

Application for Permit for Street Excavation

Permit # _____

Date: _____

Project Address / Location : _____

IF APPLICABLE:

Property Owners Name: _____

Property Owner Address: _____

Phone: _____ Cell: _____

Contractor's Name: _____

Representative: _____

Contractor Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Reason for opening: _____

Dimensions of opening: _____

Type of surface: [] Street [] Treelawn [] Curb [] Other _____

Permission is also requested to use such part of the street as is necessary to deposit material from the excavation. The applicant, the undersigned, agrees to conform to and abide by the provisions of the Ordinances of the City of Ashtabula in reference to such excavation, backfilling, barricading and lighting thereof, and save the City of Ashtabula harmless from any damage or expense whatever in the premises.

Applicant Signature: _____ Date: _____

For Office Use Only

Approved : [] YES [] NO

Engineering Technician Signature : _____ Date: _____

Fees Paid: \$ _____

[] Check # _____ [] Cash