



Office Use Only:

Escrow Paid: _____

Fee Paid: _____

UTILITY/ROW PERMIT APPLICATION

APPLICANT _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

SITE AREA/ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

JOB DESCRIPTION: _____ VALUATION: \$ _____

LEGAL DESCRIPTION: LOT: _____ BLOCK: _____ SUBDIVISION: _____

****Remit Escrow Payment to this Address:** _____

PLEASE INCLUDE A DRAWING OF THE SITE AND WORK TO BE COMPLETED

CONTRACTOR	COMPANY NAME _____
	LICENSE # _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	CONTACT NAME _____
	DAYTIME PHONE _____
EMAIL _____	

SPECIAL CONDITIONS/REMARKS: _____

THE UNDERSIGNED HEREBY AGREES THAT, IN CASE SUCH PERMIT IS GRANTED, THAT ALL WORK WHICH SHALL BE DONE AND ALL MATERIALS WHICH SHALL BE USED SHALL COMPLY WITH THE PLANS AND SPECIFICATIONS HERewith SUBMITTED AND WITH ALL THE ORDINANCES OF SAID CITY OF DAYTON APPLICABLE HERETO.

NAME OF APPLICANT (please print): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

CONTACT PUBLIC WORKS TO SCHEDULE INSPECTION AT 763-427-3224

PW SUPERINTENDENT SIGNATURE: _____	DATE: _____
REQUIRED APPROVAL: _____	

