

DATE _____

PERMIT NO. _____

R.O.W - EASEMENT USE PERMIT APPLICATION

CITY OF CARROLL, IOWA

Job Address

Legal Description - Include Lot No., Block No. Tract
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Owner	Mailing Address	Phone
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Contractor	Mailing Address	License No.	Phone
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Type of Work (circle one)	Utility Cut	Excavation	DW/SW Const.	Grading	Other
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Special Conditions

Description of Work

****REVIEW NOTICE & SIGN BELOW****

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS, ORDINANCES AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER LAW REGULATING THE CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.	
Signature of owner or authorized agent	Date

Permit Fee	\$25.00	<u>TOTAL AMOUNT DUE</u>	\$25.00
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The foregoing application has been presented to the undersigned, authorized representatives of the utilites in the City, and the signatures affixed hereto do signify that they have visited the site of the work and have located on the ground any pipes, conduits or cables related to each utility so that the underground construction may be perserved.	
_____	_____
Natural Gas	Telephone
_____	_____
Electricity	Cable Television

CITY OF CARROLL USE ONLY	
Work Started:	
Restoration Complete:	
Notes:	
Restoration Charge:	

WHEN PROPERLY APPROVED BELOW THIS IS YOUR PERMIT	
Date:	Approved by: