VILLAGE OF MONROEVILLE **Form #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph:419-465-2922 Fax:419-465-2259

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDDRESS OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Village Administrator / Street Superintendent

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\_\_\_\_\_\_\_\_\_\_\_\_\_Finished work inspected \_\_\_\_\_\_\_\_\_\_\_\_Reimbursement of deposit approved

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

Administrative Office