

APPLICATION & PERMIT FOR PERFORMANCE OF WORK WITHIN PUBLIC RIGHT-OF-WAY

TOWN OF PITTSBORO

80 N. Meridian St.
 P.O. Box 185
 Pittsboro, IN 46167
 Building Commissioner (317) 892-7661

PERMIT NUMBER

202 _ - ____

THE UNDERSIGNED HEREBY APPLIES TO THE TOWN OF PITTSBORO FOR THE FOLLOWING PERMIT(S) : (CIRCLE ONE)

LOCATION OF WORK TO BE PERFORMED:

PERMIT FEE {Each}

SIDEWALK: Remove, repair, replace

ADDRESS:

\$50.00

EXCAVATION: Streets, alleys, public ways and grounds, and boring

ADDRESS

\$150.00

STREET PRIVILEGE: Move structure, temporary encumbrance, aerials

ADDRESS:

\$75.00

DRIVEWAY: Construction, reconstruction, alteration or enlargement

ADDRESS:

\$75.00

NOTIFY TOWN MANAGE AT LEAST (3) DAYS PRIOR TO STARTING WORK

NAME OF APPLICANT (Company name, unless Individual):

BUSINESS TELEPHONE:

BUSINESS ADDRESS:

NAME OF CONTACT PERSON:

CITY, STATE, ZIPCODE:

FIELD OFFICE TELEPHONE:

NAME OF APPLICANT (Company name, unless individual):

DESCRIBE WORK AND METHOD PROPOSED:

STARTING DATE:

COMPLETION DATE:

By signing this application for permit the applicant, his assignees, or successors, agree to indemnify and save harmless the Town of Pittsboro and its officers from all liability for accident and damage caused by any of the work covered by this permit; and that they will fill up and place in good and safe condition all excavations and openings made in the street; and will replace and restore the pavement over any opening as near as can be to the state and condition, normal wear and tear excepted, to the satisfaction of the Town Manager; and that they will pay all fines or forfeitures imposed upon them for violation of any rule, regulation or ordinance governing street openings adopted by the Town Council; and will repair any damage done to existing improvements during the progress of the excavation in accordance with the ordinances, rules and regulations of the Town; and that they shall guarantee that, if the Town shall make the repair, the party creating the obstruction will pay all costs of making such repair.

Signature of Applicant:

Date:

TO BE COMPLETED BY THE TOWN OF PITTSBORO

AMOUNT PAID:	ADDITIONAL REQUIREMENTS:	EXPIRATION:	PERMIT ISSUED BY:
Permit Fee \$ _____	_____ Proof of Insurance	Permit Expires thirty (30) days from date issued unless noted below:	Name:
Street Deposit \$ _____	_____ Bond Posted		
Other \$ _____	Other: _____		
Total Paid \$ _____	_____		
RECEIPT NUMBER:	DATE PAJD:		DATE: