

**CITY OF ST. MARYS
APPLICATION FOR STREET OPENING PERMIT
ORDINANCE NO. 86-76**

Date: _____ Permit No.: _____

APPLICANT: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Location of Work: _____

Type of Work to be Done: _____

(If more space is needed, attach description to application)

Size of Opening: _____ X _____ = _____ Sq. Ft.

Minor Opening: _____ Major Opening: _____

	(Type I)	(Type II)
Opening In:	Curb _____	Sidewalk _____
	Gutter _____	Alley _____
	Pavement _____	Public Way _____

Bond on File: Yes _____ No _____

Expiration Date of Bond: _____

Cash Deposit: \$ _____ Date Paid: _____

Deposit to be Refunded to:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Information to be Provided to City by Applicant Prior to Issuance of Permit.

- (1) Detail Plans Yes _____ No _____
- (2) Liability Insurance Provided Yes _____ No _____
- (3) Worker's Compensation Provided Yes _____ No _____
- (4) Video Tape Required Yes _____ No _____
Tape Stored on Reel No. _____

(1-4) Approved By _____ Date _____

Permit Issued By _____ Date _____
Director of Public Service and Safety

Per _____

-
- Permit Posted at Site Yes _____ No _____
 - Approved Barricades in Place Yes _____ No _____
 - Backfill Approved Yes _____ No _____ Date _____
 - Permanent Restoration Completed Date _____

Approved By _____
City Inspector

Final Approval _____ Date _____
Director of Public Service and Safety

Refund Amount _____
(Acct. #836.982.59200)