Permit Application for Work on Town Right-Of-Way

Issue Date:		xpiration Date:	
Contractor:		rk Location:	
Proposed Start Date:			
Proposed Work Duration:		(Street Address)	
Certificate #:	~	etween:	
Contact Name:	Α.		
Work Phone:	Stree	et Closure Required? Yes No	
Mobile Phone:	(If ve	s, attach proposed detour plan, including detour routes	
Fax Number:	V V	k Type:	
Work Description:			
Unless special notice has been given at issuance explosion, or underground damage in the course. The Engineering Department shall be contained at the conclusion of any construction.	e of the project.	-	•
Town of Garner Ordinance No. (2007) 3470 per within the street will be strictly enforced. Failur			
In emergency situations the permittee shall emergency event. The permittee may proceed emergency. Within two (2) business days aft Work on Town Right-Of-Way.	d to take whatever ac	tions are necessary to immediately respon	d to the
If encroachment onto private property is ne permittee is directed to contact and obtain p			activities then the
A COPY OF AN UP TO DATE PERMIT M	UST BE ON THE JO	B SITE AT ALL TIMES.	
APPROVED (BY THE TOWN OF GA	RNER)	I HAVE READ AND UNDERSTAND	THE ABOVE
Signature	Date	Applicants Signature	Date