CITY OF NEWAYGO
Application for Excavation or Work in City Right-of-Way

Date: _____ Permit #: _____ Fee: _____

1. **Applicant Information:** (if not individual, list business) **Owner Information:** (if different than applicant)

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

E-Mail: _____ E-mail: _____

2. Address of property involved: _____

3. Surface type for street or sidewalk: _____

4. Purpose of excavation: _____

_____

5. Type of work to be executed: _____

_____

6. Size and location of work: _____

_____

7. Date(s) work will be completed: _____

8. Attach a sketch showing the location, character and dimensions of the proposed excavation or opening.

_____ _____

Applicant Date Applicant Date

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( ) Granted Reasons/Conditions: _____

_____

( ) Denied Reason(s): _____

_____

Date: _____ _____

Zoning Administrator, City of Newaygo

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