

Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET/SIDEWALK CUT PERMIT APPLICATION

**TO BE COMPLETED BY APPLICANT (CONTRACTOR):**

Applicant’s Name: Phone:

Applicant’s Address:

Contractor (If other than Applicant): Phone:

Street/ Sidewalk to be cut: Location of cut:

Purpose of Cut:

Dimensions of Cut:

Type of Surface:

Street Closure requested to complete work (if yes, attach detailed traffic control plan):

YES NO

The undersigned Permittee, requests permission to make a street/sidewalk cut as described above. The permittee hereby accepts this permit, and agrees to comply with all of the terms and conditions set forth herein.

PERMITTEE: DATE:

TITLE:

500 E. Main Street, Batesville, AR 72501 Phone: 870-698-2400 Fax: 870-698-2406