

STREET EXCAVATION/CURB CUTTING PERMIT

Medicine Lodge City Code 2012 13-201, 13-206

Permit No. _____ Fee \$0

Issued By City Clerk _____ this _____ day of _____, _____.

1. Application information:

Name: _____

Address: _____

Email: _____ Phone: _____

2. Location of Street Excavation/Curb Cut (Nearest property address or the 100 block):

3. Estimated date of completion (when hole will be filled): _____

4. Diagram of Location of Street Excavation/Curb Cut:

5. Certification:

I certify that I will conform to the City Code of the City of Medicine Lodge, and I will notify the City of Medicine Lodge for approval and inspection prior to repairing or re-installing street excavations or curb cuts. I also certify that all work will be done at my expense.

Applicant Signature

Date