

CITY OF BETHANY

RIGHT-OF-WAY WORK PERMIT

APPLICANT:

Property Owner Name: _____

Address of Project: _____

Contact Number: _____

PROJECT:

____ Driveway

____ New approach with tube

____ New approach without tube

____ Tube replacement

____ Tube extension

____ Ditch Work

____ Curb and Guttering

____ Sidewalks

____ Signage

____ Other _____

Description of Project:

Sketch of Project:

Requested Project Start Date: _____

STREET SUPERINTENDENT RECOMMENDATION:

APPROVAL OF PROJECT: Yes No

SIGNATURES AND DATE:

Property Owner _____ Date _____

Street Superintendent _____ Date _____