

APPLICATION FOR STREET OPENING PERMIT

No.

CITY OF OPELIKA

DEPARTMENT OF PUBLIC WORKS

APPLICATION NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

DATE CONSTRUCTION TO BEGIN: \_\_\_\_\_ PROPOSED DATE OF COMPLETION: \_\_\_\_\_

NAME OF JOB SUPERVISOR: \_\_\_\_\_

EMERGENCY TELEPHONE NUMBER: \_\_\_\_\_

\* REASON FOR PERMIT: \_\_\_\_\_

\_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

STREET REQUIRED TO BE CLOSED? \_\_\_\_\_

DATE AND TIME STREET TO BE CLOSED: \_\_\_\_\_

WORK TO BE PERFORMED OTHER THAN DURING NORMAL WORK DAYS AND HOURS? \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, AS AUTHORIZED AGENT FOR THE ABOVE NAMED APPLICANT,

AGREE TO COMPLY WITH THE CONDITIONS OF THIS PERMIT AS STATED IN ORDINANCE 112-85.

\* ATTACH DRAWINGS AND DESCRIPTION OF WORK TO BE PERFORMED TO THIS APPLICATION.