

CITY OF MOUNDS VIEW

STREET AND RIGHT-OF-WAY OPENING REQUEST

Site Address _____

Contractor _____

Contractor Address _____

Name of Individual Obtaining Permit _____

Phone # _____ Date Paid _____

Amount of Deposit \$ _____ Other Fees \$ _____ Receipt # _____

If the City does not deem the above deposit sufficient, an additional deposit will be made to the City. You have received a copy of the street and right-of-way opening requirements.

Please note: when digging, if damage occurs to an underground facility or its protective covering, the excavator shall notify the operator promptly. When the operator receives a damage notice, personnel shall be dispatched to the damage area. If the damage results in the escape of flammable, toxic, or corrosive gas or liquid or endangers life, health, or property, the excavator responsible shall immediately call 911 and take immediate action to protect the public and property.

Signature

Please read the attached requirements carefully. The deposit will not be returned until street and boulevard openings have been satisfactorily repaired/patched and approved by the City.

Street and right-of-way opening deposit refund to be made to:

Name _____

Address _____

Inspected by: _____ Date: _____

Date refund made: _____ Check # _____