

MIDWAY STREET DEPARTMENT

ENCROACHMENT PERMIT

NAME & ADDRESS OF APPLICANT _____

DATE _____

PHONE NUMBER _____

TYPE OF PERMIT:

_____ PRIVATE ACCESS

_____ COMMERCIAL

_____ UTILITY

_____ AIR SPACE

_____ OTHER (SPECIFY)

LOCATION: STREET NAME _____

_____ MILES _____ LEFT OR _____ RIGHT FROM _____

DESCRIPTION OF WORK TO BE DONE:

THIS PERMIT IS GRANTED SUBJECT TO THE FOLLOWING CONDITIONS:
THE APPLICANT UNDERSTANDS THAT IF THIS PERMIT IS GRANTED, HE WILL FULFILL
ALL REQUIREMENTS AND FURNISH ANY AND ALL MATERIALS NEEDED AND REQUESTED
BY THE CITY.

APPROX. COMPLETION DATE

MAYOR CITY OF MIDWAY

SIGNATURE OF APPLICANT

DATE