

**CITY OF MIDWAY
ENCROACHMENT PERMIT**

Name and Address of Applicant:

Date: _____

Telephone: _____

Type of permit:

_____ Private Access

_____ Commercial

_____ Utility

_____ Air Space

_____ Other (specify): _____

Location / Street Name: _____

_____ Miles _____ left or right from _____

Detailed description of work for which permit requested: _____

Name of person/entity performing work: _____

Address: _____ Telephone: _____

This permit is granted subject to:

- a. Work to be completed within 90 days from date of this permit after which date the permit expires.
- b. Any deviation from described work requires new permit or variance to permit.
- c. If permit is granted, applicant will fulfill all requirements and furnish all materials needed or requested by City.
- d. Applicant shall obtain pre-inspection by _____ before commencing work and upon completion of work.
- e. Compliance with Ordinance 91.075, et seq.

Approximate completion date: _____

Mayor, City of Midway

Signature of Applicant: _____

Date: _____

Pre-work inspection by: _____

Post-work inspection by: _____

Date: _____

Date: _____