

**Excavation of Streets or Right of Ways
Application for Permit and Placement of Deposit**

1. Name of applicant: _____

2. Address of applicant: _____

3. Name and address of person, firm,
or corporation for whom or which the work
is being done (if not same as #1 and #2):

4. Location of intended excavation:

5. Purpose and size of excavation: _____

check one

6. Applicant will restore to original condition.

estimated date of repair

Applicant forfeiting deposit, wants City to repair,
and agrees to pay additional costs, above deposit,
for repair.

Applicant agrees to remove excavated material
from site and backfill with approved granular
aggregate material. City will repair *surface only*.

The undersigned applicant does hereby agree to abide by all ordinances relating to the work to be done.

Dated: _____

Signature of Applicant _____

OFFICE USE ONLY	The City of Clinton, an Illinois Municipal Corporation
Permit Approval Date: _____	Permit Fee: _____ Deposit: _____
Approved By: _____	Title: _____
Restoration Approval Date: _____ (if applicable)	
Approved By: _____	Title: _____
Deposit amount refunded to applicant: _____ (if applicable)	Date: _____ Check # _____
Additional Charges to Applicant: _____ (if applicable)	Date: _____
Authorized By: _____	Received: _____