

**APPLICATION
for
RIGHT OF WAY USE PERMIT**

Company Name _____

Contact Person _____ Phone # _____

Address _____

City _____ Zip _____

Property Address _____

Federal ID # _____ Zoning Classification _____

Liability Insurer _____

Detailed description of use _____

Will item be illuminated Yes _____ No _____ Taken in nightly Yes _____ No _____

Date to begin _____ Date to end _____

Please submit the following information:

- Site plan describing use
- Personal/property liability insurance carrier and copy of current policy to be included
- Application fee

I have read the attached policy regarding the use of the public right-of-way and I hereby agree to comply with this policy.

Signature Date

FEE: \$20.00 PER EVENT

APPLICATION RECEIVED BY _____ DATE: _____ FEE PAID \$ _____

DATE: _____ APPROVED: _____ REJECTED: _____

SUBJECT TO THE FOLLOWING CONDITIONS/COMMENTS: _____

DATE: _____ ZONING INSPECTOR: _____