

APPLICATION FORM
STREET AND UTILITY CONSTRUCTION PERMIT

DATE: _____

OWNER INFORMATION

NAME: _____ PHONE #: _____

HOME CELL

ADDRESS: _____

STREET CITY STATE ZIP

LEGAL DESCRIPTION: _____

LOT BLOCK SUBDIVISION/PLAT

START DATE: _____ RIGHT OF WAY COST: _____

BRIEF DESCRIPTION OF WORK TO BE DONE AND/OR APPROVED PLANS: _____

CONTRACTOR INFORMATION

NAME: _____ PHONE #: _____

WORK CELL

ADDRESS: _____

STREET CITY STATE ZIP

CONTRACTOR'S LICENSE #: _____ BUSINESS LICENSE #: _____

BOND NUMBER: _____ BOND EXPIRATION DATE: _____

FOR OFFICE USE ONLY

PROJECT STREET ADDRESS: _____

PERMIT FEE: _____ TAP/FLUSHING/PURITY FEES: _____

CHECKLIST:

- | | | |
|--|----------------|--------------------|
| STREET AND UTILITY CONSTRUCTION BOND IS CURRENT | _____ REQUIRED | _____ NOT REQUIRED |
| CITY OF EPHRATA BUSINESS LICENSE IS CURRENT | _____ REQUIRED | _____ NOT REQUIRED |
| CONTRACTOR'S LICENSE IS CURRENT | _____ REQUIRED | _____ NOT REQUIRED |
| SIGNED QUOTE/BID DETAILING CONSTRUCTION COSTS ATTACHED | _____ REQUIRED | _____ NOT REQUIRED |
| TRAFFIC CONTROL PLAN FOR WORK WITHIN THE ROW ATTACHED | _____ REQUIRED | _____ NOT REQUIRED |
| CONSTRUCTION PLANS ATTACHED | _____ REQUIRED | _____ NOT REQUIRED |
| TAPS/FLUSHING/WATER PURITY TEST PAID FOR | _____ REQUIRED | _____ NOT REQUIRED |



STREET & UTILITY CONSTRUCTION DRAWING

PLEASE INCLUDE TRAFFIC CONTROL PLAN

Date: _____

Project Street Address: _____

For office use only

