

Date Paid: _____

CR#: _____

**CITY OF DURAND
DEPARTMENT OF PUBLIC WORKS
APPLICATION FOR
SIDEWALK/ROADWAY OBSTRUCTION PERMIT**

Date: _____

Address of Property: _____

Applicant Name & Address _____

Owner Name & Address _____

Phone Number _____

Type of work being performed _____

DPW Supervisor Signature

Signature of Owner or Agent

Date

Contractor's License #

MESC License #

Federal ID #

Worker's Comp. #

A DEPOSIT OF \$50.00 MUST BE SUBMITTED WITH THIS APPLICATION

DEPOSIT WILL BE REFUNDED AFTER OBSTRUCTIONS HAVE BEEN CLEARED AND SITE HAS BEEN INSPECTED AND DEEMED COMPLETE BY THE DEPARTMENT OF PUBLIC WORKS
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