



# EXCAVATION AND STREET CUT PERMIT

Planning Department

PO box 448, Wilson's Mills, NC 27593

Phone: (919) 938-3885 Fax: (919) 938-1121

## SITE LOCATION/STREET ADDRESS

Site Location: \_\_\_\_\_

Name of Street(s): \_\_\_\_\_

## APPLICANT/CONTRACTOR INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Company/Person Performing Work: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## DETAILS OF WORK TO BE PERFORMED

Work Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type and extent of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- A map must be attached showing location of the work.

Insurance Company: \_\_\_\_\_

Comprehensive General Liability \_\_\_\_\_ Yes \_\_\_\_\_ No

Vehicle Liability \_\_\_\_\_ Yes \_\_\_\_\_ No

Workers Compensation \_\_\_\_\_ Yes \_\_\_\_\_ No

- Comprehensive general liability insurance and vehicle liability insurance with coverage of \$2,000,000 and worker's compensation insurance at statutory limits is required. Please submit proof of insurance with this application.

## **ACKNOWLEDGEMENT AND SIGNATURE**

I/we acknowledge that we will comply with all the requirements and accept the responsibilities as identified in the Town of Wilson's Mills Code of Ordinances.

\_\_\_\_\_  
Owner's Print Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **For Town Use Only**

Date Received: \_\_\_\_\_

Approved or Denied: \_\_\_\_\_

Reason Denied: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_