



TOWN OF WILSON'S MILLS
**EXCAVATION AND STREETCUT
PERMIT**

Planning Department
PO Box 448, Wilson's Mills, NC 27593
Phone: (919) 938-3885 / Fax: (919) 938-1121

NOTE: Remittance of associated fee(s)* to accompany this application . (*See Town of Wilson's Mills fee schedule)

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 SIGNATURES:

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 and Development Ordinance.

Owner's Printed Name Owner's Signature Date

Applicant's Printed Name Applicant's Signature Date

For Town Use Only

Date Received: _____ Case #: _____

Approved: _____ Denied: _____

Comments: _____

Staff Signature: _____ Date: _____