

CITY OF GALESVILLE
APPLICATION FOR STREET PRIVILEGE PERMITS
\$50.00

I hereby make application for a street privilege permit at the premises described below, in the City of Galesville, on the date(s) hereof, and hereby agree to comply with all laws, resolutions, ordinances, and regulations affecting the street.

Location of Request: _____

Name of Applicant: _____

Applicant's Address: _____ Phone #: _____

Date(s) the street is to be encumbered: _____

Intended use of street: _____

Contractor: _____

Dumpster Supplier: _____ Phone #: _____

Insurance Carrier: _____

Policy Number and Date: _____

Bond Issuer: _____

I understand and agree that as the applicant for this permit, I will be responsible for accident liability, cleanup, and repair of the Right of Way and street affected by this encumbrance.

Signature:

Permit Fee: \$50.00 Date Paid _____ Proof of Insurance _____

Chief of Police Approved _____ Date _____
Superintendent of Public Works Approved _____ Date _____
Fire Department Approved _____ Date _____

Date permit issued: _____