

Signature

## **Public Works Department**

Streets and Public Facilities 269 East Randall Wobbe Lane Springdale, Arkansas 72764 479.750.8135

Date

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## **Contractor/Job Information** Permit type (circle): BORE CUT RIGHT-OF-WAY **WORK ZONE** Company performing the work: Physical Address: \_\_\_\_\_ Billing Address (if different): Cell\_\_\_\_ Phone numbers: Office Email: \_\_\_\_\_ Name of Company or Utility for which the work is being performed: Type of utility being installed and/or maintained: Location where the work will be performed: Supervisor on site: \_\_\_\_\_\_Phone Number: \_\_\_\_\_ A copy of the Supervisor's driver's license must be submitted with permit request, to be kept on file. Will personnel and/or equipment be occupying and/or blocking any part of the city street? If yes, a work zone permit is required (\$10 additional + \$20/day used) YES / NO