



STREET CUT APPLICATION
No work may begin until permit has been issued

Date Received: _____

Fee: \$600

APPLICANT'S CONTACT INFORMATION:		
Name: _____		
Address: _____		
mailing address _____		
city _____	state _____	zip _____
Phone: _____		
business _____	cell _____	
email: _____		
OWNER'S CONTACT INFORMATION:		
Name: _____		
Address: _____		
mailing address _____		
city _____	state _____	zip _____
Phone: _____		
home _____	cell _____	
email: _____		
PROJECT INFORMATION:		
Address: _____		
street address _____	lot _____	block _____
description of work: _____		
begin/end dates: _____		

ACKNOWLEDGEMENT: I represent that all information provided to the Town of Red Cliff is true and accurate. I understand the Town regulations applicable to this project and that incomplete applications will delay review. The property owner designates "applicant" as the owner's representative in this application.

APPLICANTS SHALL BE RESPONSIBLE FOR ANY REQUIRED TRAFFIC CONTROL.

Applicant Signature _____

date _____