



APPLICATION FOR NIGHT OR WEEKEND CONSTRUCTION WORK

Today's Date: _____

ROW Permit No.: _____

LD Number: _____

Location of Work: _____

Contractor Name: _____

Address: _____

Contact Person: _____

Office Phone: _____

Cell Phone: _____

Client Name: _____

Address: _____

Contact: _____

Phone No.: _____

Construction Inspector (if known): _____

Start Date: _____

End Date: _____

Start Time: _____

End Time: _____

Estimated Total Hours: _____

Amt. to be Collected (\$375/4hours and \$750/8hours):

Approved by: (Greg Mayer or Jason Christman)

Date

****MUST ATTACH A COPY OF NEIGHBORHOOD NOTIFICATION****