STREETS
CLOSING

Permit Issued

No. _____

Date _____

To be filled in by D. P. W.

To Director of Public Works of the City of West Haven:

Application is hereby made for a permit to

excavate in _____ Street, front of _____

between _____

for the purpose of _____

property owned by _____

Permit to extend from _____ to _____

Duration of Work (estimated) _____

Special Conditions: _____

Equipment to be used _____

Police Guards Required (Number) _____

Permissible Work Hours _____

Sketch of Work Area (Proposed barricades, names of Streets, Overall Dimensions of Work Area).

Applicant _____
Company Name Business Address Phone

Signed _____

Application approved _____
Signature

POLICE DEPARTMENT

FEE

DEPT. OF PUBLIC WORKS