



DRIVEWAY/ CURBCUT PERMIT

PERMIT #:

DATE:

ADDRESS/LOCATION OF DRIVEWAY/CURBCUT:

PROPERTY OWNER:

NEW CONSTRUCTION OR REPAIR:

ESTIMATED DURATION OF PROJECT:

CONTRACTOR:	ADDRESS	PHONE
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SAFETY EQUIPMENT AROUND SITE:

PROVIDE A DIAGRAM OF SITE, SAFETY EQUIPMENT, AND SIGNIFICANT SITE FEATURES ON THE BACK OF THIS APPLICATION.	INITIALS:
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APPLICANT SHALL NOTIFY IOWA ONE CALL PRIOR TO EXCAVATION FOR UTILITY LOCATES (800-292-8989):	INITIALS:
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APPLICANT HAS RECEIVED A COPY OF THE DRIVEWAY/CURBCUT SPECIFICATIONS AND UNDERSTAND THAT IF I HAVE ANY QUESTIONS TO NOTIFY PUBLIC WORKS DEPARTMENT.	INITIALS:
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APPLICANT SHALL CALL PUBLIC WORKS DEPARTMENT AT 319-385-1480, 12 HOURS PRIOR TO PLACEMENT OF FINISHED MATERIAL FOR A FINAL INSPECTION.	INITIALS:
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The City of Mt. Pleasant shall be held harmless from any and all damages to persons and/or property that may occur by reason or through neglect to perform such work in compliance with Driveway/Curbcut specifications and ordinances.

I certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances, including the Americans With Disabilities Act, which govern this type of work, will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Signature: _____

Date: _____

Approved by: _____

Date: _____