



MUNICIPALITY OF WEST MILTON
 701 S. Miami Street – West Milton, Ohio 45383
STREET CUTTING PERMIT

Date _____ Permit Receipt Number _____

1) Property Location/Address _____

Lot Number(s) _____

2) Owner _____ Telephone () ____ - ____ H

Address _____ Telephone () ____ - ____ W

Contractor information _____

Phone _____

Contact person _____

Reason for street cut: _____

Applicant understands that he/she must comply with all requirements of West Milton's Zoning Code and Street Cutting Guidelines and all other applicable statutes.

Applicant acknowledges receiving the Street Cutting Guidelines and Receipt for Permit:

Applicant Signature _____

Permit Fee \$20.00

Street Cutting \$450 Bond**
 (Secured in the safe)

***If bond is dropped AND If the cost of the repair exceeds this amount, the additional will be billed to the person filling out the permit.*

Staff Signature _____

Permit Holder keeps original, copy to Finance Director and a copy to Street Supervisor

Date Time Initials

1st Inspection: _____

Final Acceptance: _____