

TOWN OF SMYRNA
STREET EXCAVATION PERMIT APPLICATION

NAME: _____

ADDRESS: _____

Location and Purpose: _____

Fee Paid: _____

Applicant's Signature

Deposit: _____

Date

This application has been approved subject to:

1. Deposit for repairs @ \$_____ per sq. ft. \$_____
2. **Contact Town of Smyrna Public Works Operations Manager Jason McNatt (450-2781) prior to any excavation to arrange any inspections required.**
3. Street excavation shall be properly protected per DelDOT requirements.

Town of Smyrna

Issued by:

Title

DATE: _____