



DEVELOPER'S/CONTRACTOR'S REQUEST FOR PERMITS

PROJECT NAME: _____

CLV PROJECT # _____; DRAWING # _____

Please check appropriate box for additional permit(s) required for this project:

<u>UTILITY</u>	<u>YES PERMIT REQ'D</u> (There will be work in ROW)	<u>NO PERMIT REQ'D</u> (Indicate if facility is already on-site, Or not available)
Power	<input type="checkbox"/>	<input type="checkbox"/> _____
Telephone	<input type="checkbox"/>	<input type="checkbox"/> _____
Cable Television	<input type="checkbox"/>	<input type="checkbox"/> _____
Gas	<input type="checkbox"/>	<input type="checkbox"/> _____

DEVELOPER'S - COMPANY NAME:
CONTACT NAME

ADDRESS:

CITY, STATE, ZIP

PHONE AND FAX NUMBER

() _____; () _____

EMAIL ADDRESS

PLEASE ISSUE PERMITS TO:

CONTRACTOR'S NAME:

ADDRESS:

CITY, STATE, ZIP

PHONE NUMBER:

FAX NUMBER

EMAIL ADDRESS

STATE CONTRACTOR'S LICENSE NUMBER
(SPECIFY CLASSIFICATION)

CLV BUSINESS LICENSE NUMBER:

By signing below, I affirm that I am authorized to act as agent for the above named contractor. Furthermore, I acknowledge and agree to all terms and conditions as noted on the individual permits and affirm that no work has previously been completed or will be completed without the required permits and approved plans.

CONTRACTOR'S AGENT NAME (PRINT):

SIGNATURE:

DATE

PERMITS ISSUED:

	PERMIT NUMBER	DRAWING NUMBER	DATE ISSUED
(1)			
(2)			
(3)			
(4)			
(5)			