

Work Location Information

Address (Number and Street): _____

Impact Area (Check all that apply)

Pavement _____ Curb Line _____ Sidewalk _____ Tree/Lawn _____ Easement _____

Work Area and/or Size of Cut: _____

Are drawings attached to this application? Yes _____ No _____

Dates of proposed work: from _____ to _____

Is proposed work being done in conjunction with a City Street Project? Yes _____ No _____

If Yes, identify street project: _____

If granted a permit for the proposed work, I agree to perform all work according to the City of Canandaigua's Standards for Work in the Right-of-Way and any additional restrictions imposed by the City as a special condition of the permit.

Signature of Applicant: _____ Date: _____

(For Internal Use Only):

Special conditions: *(Attach separate sheet if necessary):*

Other permits required? Yes _____ No _____

If yes, what permits and by whom: _____

Signature of Authorizing Agent: _____ Date: _____

DPW Review: Insurance Certs: Yes *(attached)* _____ No _____ *(reason):* _____

Work Approved: Yes _____ No _____ Begin Date: _____ End Date: _____

Signature of Inspector: _____ Date: _____