City of Greenville Right-of-Way Work Permit Form

Permit No. _____

Issue Date _____

Exp. Date _____

Name of Applicant:	Name of Contractor:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Contact Name and Daytime Phone:	Contact Name and Daytime Phone:
Address of Proposed Work:	Description of Proposed Work:

Please provide a sketch of the proposed work in the space below. Show entire property, and dimensions of work to property lines.

All construction must conform to the attached specifications.

Approved by: _____ **Approval Date:** _____

Return to City Engineer: 411 S. Lafayette Street, Greenville, Michigan 48838