

Permit #	
Date Received	
Received By	

## STREET OBSTRUCTION PERMIT APPLICATION

## TO BE COMPLETED BY APPLICANT: Property Owner(s) Phone Owner(s) Address \_\_\_\_\_ \_\_\_\_\_\_ Phone \_\_\_\_\_\_ 3. Applicant Address Owner of Obstrcution 5. Phone 6. Type/Size of Obstruction\_\_\_\_\_ Location Purpose/Reason of Obstruction \_\_\_\_\_ How often will the obstruction be maintained Cleaned Sanitized 10. Type of maintenance: Emptied Removed and Replaced with new unit 11. Placement Date\_\_\_\_\_ Removal Date\_\_\_\_\_ Type of Permit New or Renewal 12. If renewal, please indicate total number of renewals. \_\_\_\_\_ Reason for Renewals\_\_\_\_\_ FEE: \$50.00 per week: # of weeks \_\_\_\_\_\_ Total \_\_\_\_\_ Date\_\_\_ 13. Signature of Applicant\_\_\_\_\_\_ \*\*\*\*\* A detailed site drawing showing the exact location of ALL obstructions MUST accompany this application \*\*\*\*\* TO BE COMPLETED BY THE TOWNSHIP: \_\_\_\_\_ Date Received\_\_\_\_\_\_ Fee Received Permit APPROVED DENIED If denied, give reason. Approved By\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_ Insurance information received YES NO Date Received\_\_\_\_\_\_\_ Initial Inspection Date \_\_\_\_\_\_ Inspected By\_\_\_\_\_\_ Follow up Inspections Required YES NO Follow-up Inspection Dates\_\_\_\_\_ Follow-up Inspections Completed By\_\_\_\_\_ Violations found during inspections YES NO If yes, list items found\_\_\_\_\_\_