



Village of St. Bernard

PERMIT TO OPEN STREET OR SIDEWALK/RIGHT-OF-WAY PERMIT

DATE OF APPLICATION: _____

APPLICANT INFORMATION

COMPANY NAME: _____ PHONE: _____

CONTACT NAME: _____ PHONE: _____

COMPANY ADDRESS _____

WORK INFORMATION

LOCATION OF WORK: _____
(STREET NO. OR BLOCK/NAME)

ADJACENT STREETS: _____

PURPOSE OF WORK: _____

NO. OF CUTS: _____ STREET _____ SIDEWALK _____ SOD

APPROXIMATE DIMENSIONS: _____

APPROXIMATE DATE OF WORK: _____

PERMIT APPROVED BY: _____ DATE: _____

PERMIT #: _____ FEE PAID: _____