



Application for Street Excavation Permit

Name: _____

Address: _____

Phone Number (including area code): _____

Fee (non-refundable): **\$50.00** Payable to the "Town of Clayton"

Deposit: _____

Signature of Applicant

Date

This application has been approved subject to:

1. Deposit for repairs at \$_____ per sq. ft. \$_____
2. Inspection by Town is required before release of deposit.
3. Street excavation shall be properly protected per requirements of DeIDOT.

Town of Clayton

Issued by: _____

Title: _____

Date: _____