



## 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

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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: \_\_\_\_\_