



EXCAVATION AND STREET CUT PERMIT

Planning Department

PO box 448, Wilson's Mills, NC 27593

Phone: (919) 938-3885 Fax: (919) 938-1121

SITE LOCATION/STREET ADDRESS

Site Location: _____

Name of Street(s): _____

APPLICANT/CONTRACTOR INFORMATION

Applicant Name: _____

Address: _____

Email: _____

Company/Person Performing Work: _____

Address: _____

Email: _____ Phone: _____

DETAILS OF WORK TO BE PERFORMED

Work Start Date: _____ End Date: _____

Type and extent of work: _____

- A map must be attached showing location of the work.

Insurance Company: _____

Comprehensive General Liability _____ Yes _____ No

Vehicle Liability _____ Yes _____ No

Workers Compensation _____ Yes _____ No

- Comprehensive general liability insurance and vehicle liability insurance with coverage of \$2,000,000 and worker's compensation insurance at statutory limits is required. Please submit proof of insurance with this application.

ACKNOWLEDGEMENT AND SIGNATURE

I/we acknowledge that we will comply with all the requirements and accept the responsibilities as identified in the Town of Wilson's Mills Code of Ordinances.

Owner's Print Name

Owner's Signature

Date

Applicant's Print Name

Applicant's Signature

Date

For Town Use Only

Date Received: _____

Approved or Denied: _____

Reason Denied: _____

Date: _____

Staff Signature: _____