CITY OF MARINETTE
STREET OPENING PERMIT

PERMIT NO.: 2025 - _____

DATE ISSUED: _____

PROJECT: _____

PROJECT DESCRIPTION: _____

_____

_____

LOCATION: _____

WORK PERFORMED FOR:

NAME: _____

ADDRESS: _____

PHONE NUMBERS: (Office)_____ (Cell) _____

E-MAIL: (Office)_____

WORK PERFORMED BY:

NAME: _____

ADDRESS: _____

PHONE NUMBERS: (Office)_____ (Cell) _____

E-MAIL: (Office)_____

NON-REFUNDABLE FEE: $50.00

DEPOSIT: _____

INSURANCE: YES _____ NO _____

INSURANCE PROVIDER: _____

SKETCH PROVIDED & APPROVED BY ENGINEER: YES _____ NO _____
(Sketch shall include: location; area of disturbed roadway & sidewalk; dimensions)

I agree that all work performed will comply with Marinette Municipal Codes, Section 6.0204, and I further agree that I/We shall indemnify and save harmless the City of Marinette and its officers from all liability for accidents and damage caused by any of the work covered by the permit; after the work is completed, fill up and place in good and safe condition all street openings; repair any damage done to existing improvements during the progress of the street opening in accordance with the ordinances, rules, and regulations of the City; and that if the City shall elect to make any repair, the applicant opening the street shall pay all costs of making such repair and of maintaining the same for one (1) year. Any violation of the terms of the signed statement shall also be a violation of this subsection. **SEE ATTACHED CONDITIONS.**

_____ _____ _____
Applicant Signature Printed Name Date

_____ _____
Department of Public Works Date