TOWN OF PELHAM
APPLICATION FOR PERMIT TO MAKE CUT IN HIGHWAY

_____ _____ _____
Applicant *Address* *Phone*

_____ _____ _____
Contracted by *Address* *Phone*

_____
Location (street, number)

Brief description of proposed work:

_____ _____
Depth of Cut Needed *Width of Cut Needed*

Brief description of how you intend to restore road cut:

_____
Signature of Applicant

Superintendent's Use:

Date Received _____

Application Approved: ☐ Yes ☐ No Remarks: _____

TOWN OF PELHAM SUPERINTEDENT OF DEPARTMENT OF PUBLIC WORKS

This is to certify that the Highway Cut made by _____

at _____ has been restored in

as good condition as before entry in a timely manner.

_____
Superintendent of Public Works

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PERMIT TO CUT HIGHWAY

Permission is granted to _____ to make a

Highway Cut at _____ .

_____
Superintendent of Public Works