



VILLAGE OF SURING
STREET EXCAVATION PERMIT APPLICATION

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: WI Zip: _____

Applicant's Phone Number: _____ (Cell) _____

STREET INFORMATION:

Explanation of Project and Street(s)/alley/public way/sidewalk:
Use additional paper or attach document to this application with map of project details.

Cost of Project: _____

Signature: _____ Date: _____

By signing applicant has acknowledged that ordinance 6-2-3 and 6-2-4 have been reviewed.

\$25.00 Review Fee (Permit is valid for 30 days upon approval)

\$75.00 Emergency Excavation Fee

\$25.00 Renewal Fee for 30 days

Registration by mail to:

Village of Suring
Attn: Clerk/Treasurer
PO Box 31
Suring, WI 54174

OFFICE USE ONLY:

Collected by: _____ Permit Issue Date: _____

Receipt #: _____ Bond Required: yes / no Bond Amount: _____