Brandon Lovett, *City Manager*
Michael Holmes, *Comptroller/City Clerk*
Jeffrey Baker, *Supt. Public Works*
Robert Drake, *Police Chief*
Sara Getman, *Recreation Supervisor*
Kevin Mumford, *Supt. Waste Water Treatment*
James Whitcombe, *Supt. Power & Light*

CITY OF SHERRILL

377 Sherrill Rd. • Sherrill, N.Y. 13461 • Telephone: (315) 363-2440 • Fax: (315) 363-0031 • www.sherrillny.org

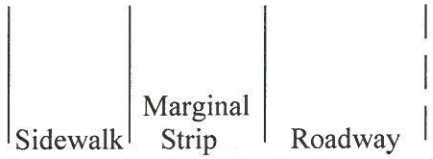
APPLICATION FOR EXCAVATION PERMIT

Date: _____

Applicant: _____
Address: _____
_____

Office Use Only		
Description	**Amount Due**	**Pd.**
App. Fee	**$50.00**	
Deposit	**$1,000**	

Owner of Property: _____
Address of Excavation: _____



Show width and length of cut, and whether road is paved or unpaved.

Total sq. ft. of cut:
Marginal strip _____ (@ $2.00/sq. ft.) = $ _____
Roadway _____ (@ $6.00/sq. ft.) = $ _____
(Minimum deposit $1,000.00 by certified or personal check)

Checklist:
Inspection Fee: $ 50.00
Deposit: $ 1,000
Insurance: $ 500,000

Insurance Note: CSL public liability with City of Sherrill as additional insured along with contractor and/or owner.

Signature of Applicant: _____

APPLICATION IS (CIRCLE ONE): APPROVED DENIED

_____ _____
Date City Manager

DEPOSIT CHECK RETURN APPROVED

_____ _____
Date City Manager

Deposit will be returned upon timely and proper restoration of the disturbed area.