



TOWN OF PEGRAM

Permit Number _____

APPLICATION FOR BLASTING, CUTTING, GRADING AND/OR EXCAVATION PERMIT

Date of Application _____

Effective Date of Permit _____

Work to be Completed By (Date) _____

Permit Expiration Date _____

APPLICANT INFORMATION

Name: _____ Phone: _____

Mailing Address: _____

Type of Development: ___ Residential ___ Commercial ___ Industrial

Description Of Proposed Development: _____

Property Site Location: _____

Tax Map: _____ Parcel: _____ Area = _____ Sq Ft

Pegram has Copy of Approved Plans on File: ___ Yes ___ No

Grading, Drainage & Erosion Control Plan Prepared By: _____ Registration #: _____ Address: _____ Phone: _____

PERMIT FEE _____ RECEIPT NO: _____

CERTIFICATE OF INSURANCE FILED WITH CITY RECORDOR: _____

CASH BOND REQUIRED? ___ YES ___ NO AMOUNT: \$ _____

I, (print name) _____ hereby certify that I fully understand and agree to abide by the provisions and requirements of the Cutting, Excavation and Grading Code of the Town of Pegram (Chapter 16, Pegram Municipal Code) and I will comply with all ordinances and laws relating to the work to be done.

Further, I accept full responsibility for the implementation of this plan, and I agree that the Town of Pegram shall be indemnified and saved harmless from all claims arising from accidents and damage of any character whatsoever caused by any negligence of myself, firm, corporation, subcontractor(s), or anyone directly or indirectly employed by me.

I further grant the right-of-entry onto the property, as described above, to designated personnel of the Town of Pegram for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinances and Codes.

APPLICANT SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____