

PERMIT # \_\_\_\_\_

**TOWN OF WRIGHT  
STREET CUT PERMIT**

Date: \_\_\_\_\_

Address or Location: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**Permittee Info**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contractor: \_\_\_\_\_

License # \_\_\_\_\_

\_\_\_\_\_ Public Way/ROW Excavation

\_\_\_\_\_ Curb Cut

\_\_\_\_\_ Obstructing Public Way

\_\_\_\_\_ Placing Material on Public Way

\_\_\_\_\_ Total Lineal Feet or Cubic Yards

\_\_\_\_\_ Compaction Tests Required

Comments: \_\_\_\_\_

Diagram: Attach to application

\_\_\_\_\_  
Permittee or Representative