



City of Celina Street Opening Permit

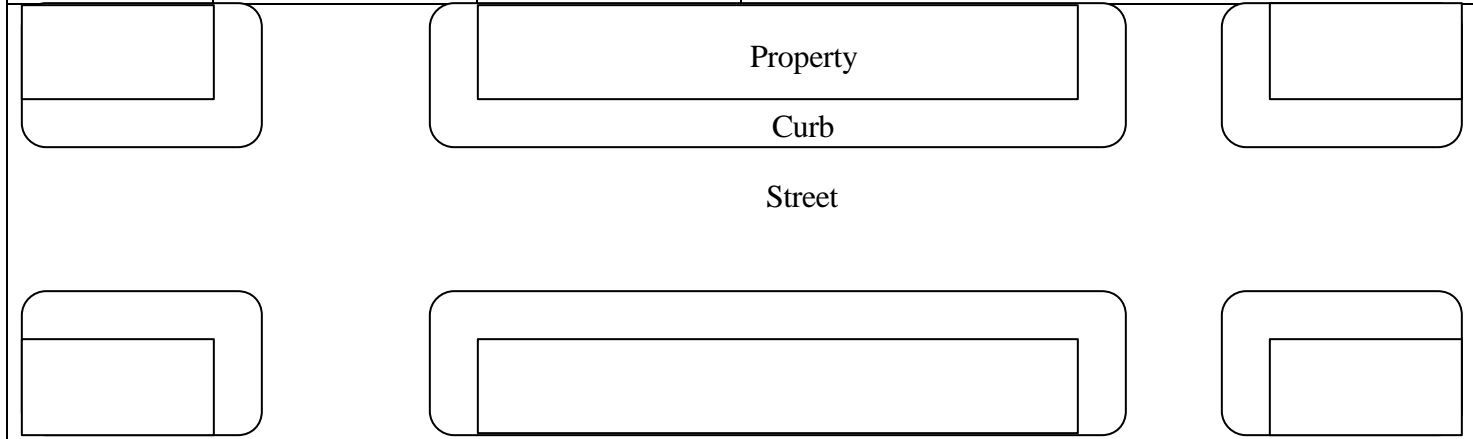
Permit #

Dig Date	Location Request Made <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ___/___/___
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Customer Name	Street Address	City	State	Zip Code
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Type of Work (Check one) <input type="checkbox"/> Asphalt (Street) <input type="checkbox"/> Concrete (Street) <input type="checkbox"/> Alley <input type="checkbox"/> Driveway/Sidewalk/Curb/Gutter <input type="checkbox"/> Radius			Type of Job <input type="checkbox"/> Sewer Repair (Lateral) <input type="checkbox"/> Sewer Repair (Main) <input type="checkbox"/> Sewer Tap (New) <input type="checkbox"/> Water Line Repair (Service Line) <input type="checkbox"/> Water Line Repair (Main) <input type="checkbox"/> Water Tap (New) <input type="checkbox"/> Gas Line Repair <input type="checkbox"/> Gas Line Installation <input type="checkbox"/> Sidewalk Project Year ___/___/___ <input type="checkbox"/> Other (Explain)		
Number(s)	Openings Size (ft. x ft.)	Square Feet			

Excavation Depth <input type="checkbox"/> < 36" <input type="checkbox"/> 36" – 47" <input type="checkbox"/> > 60"		
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Remarks	Contractor	Representative
	Temp. Patch Made <input type="checkbox"/> Yes <input type="checkbox"/> No	Area to be graded and/or reseeded <input type="checkbox"/> Yes <input type="checkbox"/> No

Repair Completed and Approved by	Date of Completion
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Process Date for Billing:	City of Celina Representative	Cost to be billed:
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