

CITY OF TOMAH DEPARTMENT OF PUBLIC WORKS

Office (608) 374-7431

Fax # (608) 374-7444

Street Privilege Permit Application

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Location of encroachment: _____
(Address of adjacent tax parcel)

Tax parcel identification number: _____

Area to be occupied: Street Blvd Sidewalk Alley
(Circle all that apply)

Brief description of encroachment: _____

(Attach a scale drawing that relates to above description if needed)

Proposed Start Date: _____ **Proposed Ending Date:** _____

The applicant understands and agrees that this is only an application for permit. A Street Privilege Permit will only be issued after approval from the Department of Public Works.

Applicant signature _____ **Date** _____

Permit Issued By _____ **Date:** _____

For office use only