



Application for Construction Work in Right of Way

City of Carter Lake

950 Locust Street
Carter Lake, IA 51510
Office (712) 847-0535 Fax (712) 347-5454

Applicant / Contractor: _____ Phone: () _____

Address: _____
(City, State, Zip)

Contact Person: _____ Phone: () _____

Property Owner: _____ Phone: () _____

Address: _____
(City, State, Zip)

Work Site if other than above: _____

Description of Work / Nature of Construction: _____

Indicate on attached drawing location of all improvements

Check All That Apply:

_____ Residential Driveway	_____ NEW	_____ REPAIR
_____ Sidewalk	_____ NEW	_____ REPAIR
_____ Sewer Connection	_____ NEW	_____ REPAIR
_____ Commercial Driveway	_____ NEW	_____ REPAIR
_____ Excavation in Street	_____ NEW	_____ REPAIR
_____ Excavation between Curb and Property Line	_____ NEW	_____ REPAIR
_____ Water Service	_____ NEW	_____ REPAIR
_____ Other	_____ NEW	_____ REPAIR

****Contractor is responsible for scheduling all required inspections and being present during the inspection process****

Applicant Signature: _____ **Date:** _____

By signing this application, I hereby agree to abide by the terms of the Standard Permit Conditions and if applicable, any Supplemental Permit Conditions, if a permit is issued.

\$100.00 PER ADDRESS TOTAL PERMIT FEE: \$ _____

Please indicate on the drawing the location of the work to be completed