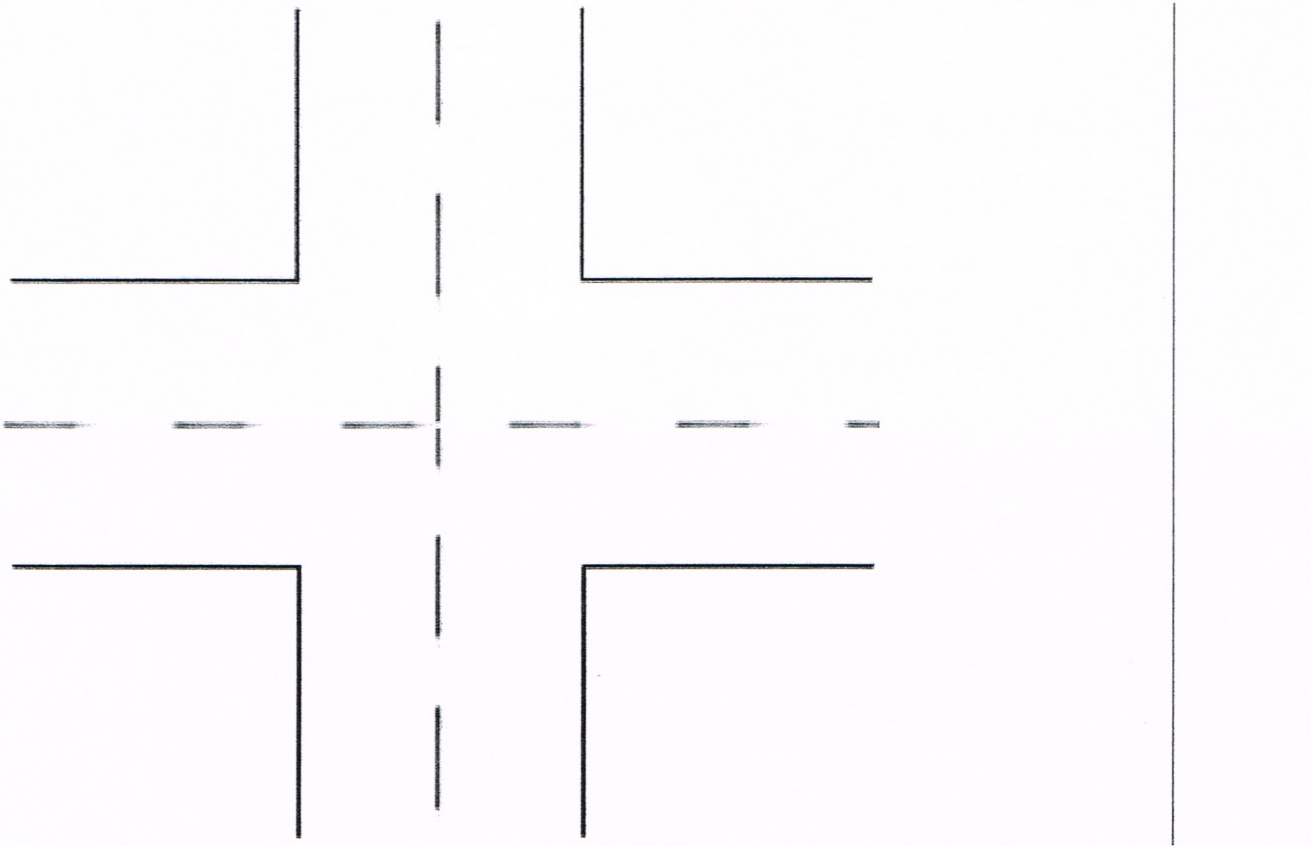


APPLICATION FOR STREET BREAKING PERMIT
CITY OF ARKADELPHIA, ARKANSAS

In space below, show street name and location of proposed cut. Show width and length of cut and give approximate depth.



FIRM NAME _____

AUTHORIZED AGENT'S SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____

PERMIT FEE: \$25.00

AMOUNT RECEIVED _____ CHECK NUMBER _____ CASH _____

RECEIPT # _____ RECEIPTED BY _____ DATE _____

1. Cost of repair will be accumulated by Street Department and charged to applicant.
2. When street is to be closed to traffic, applicant is responsible for coordinating with **Police Dept.**

FOR STREET DEPARTMENT USE ONLY

_____ YARDS OF GRAVEL AT PER YARD
 _____ MAN HOURS LABOR AT PER HOUR
 _____ YARDS OF PRE-MIX AT PER YARD
 _____ YARDS OF CONCRETE AT PER YARD
 TOTAL _____