



**CITY OF SISTERS
ROAD CROSSING CONSTRUCTION PERMIT**

DATE _____

FEE: \$ _____
\$10 PER FOOT

PROPERTY OWNER: _____

MAILING ADDRESS: _____ CITY/STATE _____

PROJECT ADDRESS: _____

PHONE: _____ TAX DESCRIPTION T15 R10 S _____ TAX LOT # _____

CONTRACTOR: _____ LICENSE # _____

ADDRESS: _____ CITY/STATE _____

BONDING COMPANY _____ LIABILITY INS # _____
(COPY OF INSURANCE BINDER)

**NOTE: 1. ALL WORK TO BE INSPECTED PRIOR TO BACKFILL. CALL PUBLIC WORKS 549-6022 EXT. 5.
2. ALL WORK NOT COVERED ON THIS SHEET WILL CONFORM TO CITY STANDARDS SPECIFICATIONS.**

SITE PLAN

Sketch by owner or contractor showing location of work shall be submitted for approval prior to commencing work.

Approved for backfill _____ Date _____
City Inspector

_____ Date _____
Contractor or Developer