



CITY OF SHERRILL

377 Sherrill Rd. • Sherrill, N.Y. 13461 • Telephone: (315) 363-2440 • Fax: (315) 363-0031 • www.sherrillny.org

APPLICATION FOR EXCAVATION PERMIT

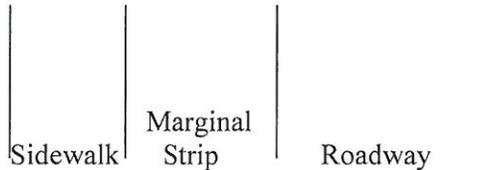
Date: _____

Applicant: _____

Address: _____

Owner of Property: _____

Address of Excavation: _____



Show width and length of cut, and whether road is paved or unpaved.

Total sq. ft. of cut:

Marginal strip _____ (@ \$2.00/sq. ft.) = \$ _____

Roadway _____ (@ \$6.00/sq. ft.) = \$ _____

(Minimum deposit \$500.00 by certified check)

Checklist: Inspection Fee: \$ 50.00

Deposit: \$ _____

Insurance: \$ 500,000 CSL public liability with City of Sherrill as additional insured along with contractor and/or owner.

Signature of Applicant: _____

Application is **approved/disapproved** on (date): _____
(cross out one)

City Manager

Deposit check return approved date: _____

City Manager

Deposit will be returned upon timely and proper restoration of the disturbed area.