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**

Brief description of encroachment:

_____

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

Proposed Start Date: _____ **Permit Expiration 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. The permit fee is $75 and is non-refundable. Reimbursements, credits, or fee waivers will not be issued due to inclement weather, seasonal conditions or weather-related delays.

Applicant signature _____ **Date** _____

Permit Issued By _____ **Date:**_____

For office use only