



Date: _____

Permit #: _____

Road Cut Permit Application

Name of Company: _____

Address of Company: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

Road Name: _____

Approximate Location: _____

Road Cut Fee: \$200.00 Not applicable Check #: _____

Inspection Fee: \$50.00 Not applicable Check #: _____

LOC/Cashier Check #: _____ (LOC or Cashier check for \$10,000.00) Not applicable

I hereby agree to repair this road cut to the full satisfaction of the City of Mt. Juliet Public Works Department. You are authorized to make the repair and charge me if the repairs are not satisfactory.

Company Name

Authorized Signature

Public Works Office Manager