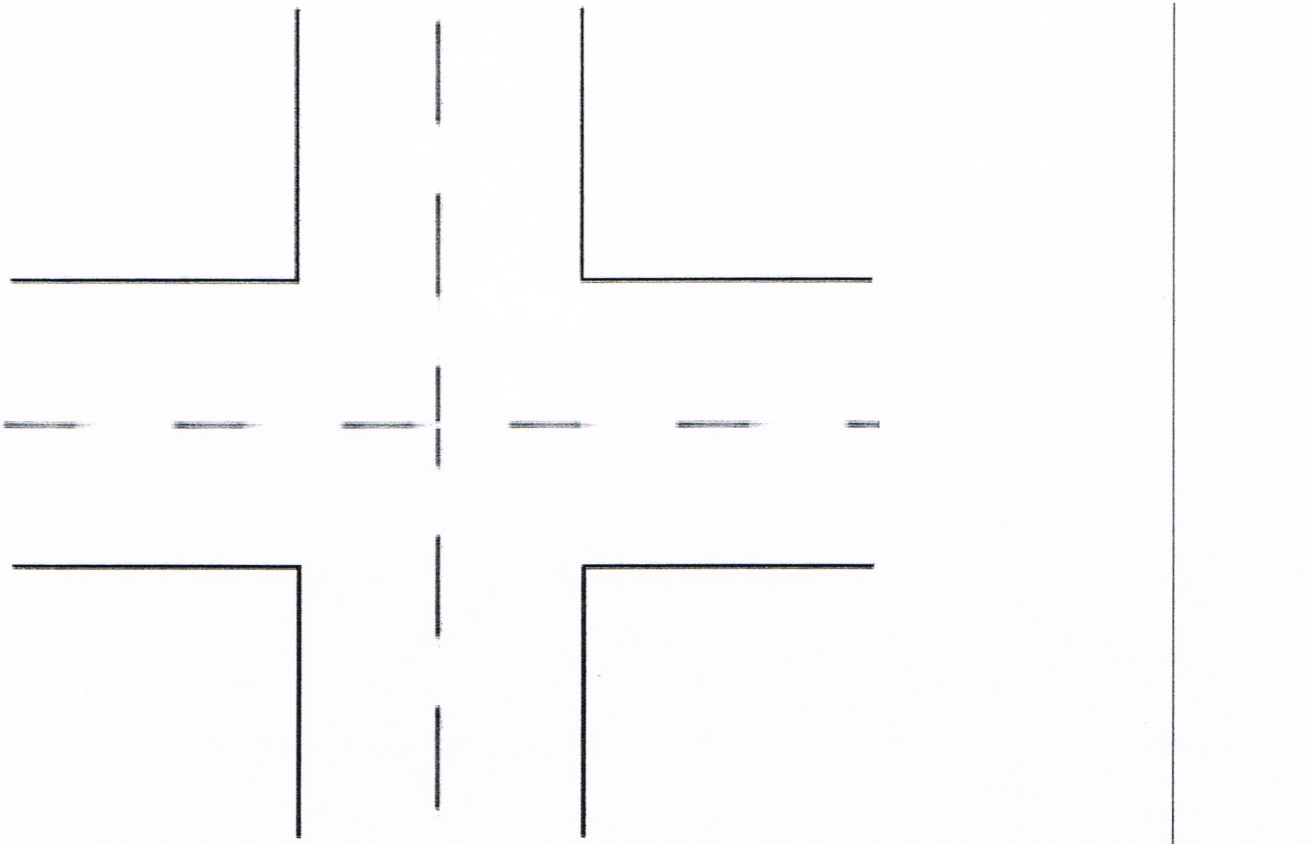


APPLICATION FOR STREET BREAKING PERMIT  
CITY OF ARKADELPHIA, ARKANSAS

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 \_\_\_\_\_