

OVERHEAD UTILITY PERMIT APPLICATION

Permit Number:

1. Name of Licensee _____ (Exact Name of the Owner of the Utility) State of Incorporation _____; if not incorporated, please list entity's legal status _____

2. Address, email, phone and Fax number of Licensee Contact Name:

_____ Address:

Email _____ Phone _____ Fax _____

3. Name, address and phone number of individuals to whom agreement is to be mailed if different than Item 2. _____

4. Contact information for individual to contact in the event of questions.

Email _____ Phone _____ Fax _____

5. Location of installation –

_____ (City, County and State) _____ Ft (N), (S), (E), or (W) of the (N), (S), (E), (W) or (center) line of Section _____; Township _____ (N), (S); Range _____ (E), or (W).

6. Do you have an existing agreement at this location with Town of Severance that is affected by this request. () No () Yes, Town of Severance Permit No. _____

7. Is this installation a crossing _____ or an encroachment _____ or both _____

8. Will this facility serve the Town of Severance? _____ Yes _____ No

ATTACHMENTS

1. Vicinity Map
2. Construction Drawings
3. Any proposed permanent or construction access (may require separate permit)
4. Any recorded easements associated with the crossing

3 S Timber Ridge Pkwy, Severance CO 80546