



TOWN OF DOVER

4110 South Beaumont Avenue Kansasville, WI 53139
Phone 262- 878-2200 Fax-Office 262-878-2595 Fax-Roads 262-878-1889
www.townofdoverwi.com

PERMIT# _____

**APPLICATION/AGREEMENT FOR STREET, ALLEY, SIDEWALK, DRIVE
ENTRANCE OR RIGHT OF WAY EXCAVATION PERMIT
(A CERTIFICATE OF LIABILITY INSURANCE MUST ACCOMPANY THIS APPLICATION
AND THE FEE BY CHECK OR MONEY ORDER)**

Firm Name _____ Owner Name _____
Address _____ Address _____
City, State Zip _____ City, State Zip _____
Telephone # _____ Telephone # _____
Location/Street Name & Number _____
Tax Key/Parcel Number _____
Purpose: _____

DATE OF PROPOSED OPENING _____/_____/_____
DATE OF EXPECTED CLOSING _____/_____/_____

By making application for this permit, the applicant/contractor understands they are responsible for the cost of and repairs occasioned by settling, or the like, for a period of one (1) year after the project is closed. The applicant also understands that they will pay damages to persons or property, public or private, including all costs incurred by the Town of Dover in defending any action brought against it for damages, as well as the cost of any appeal, that may result from the negligence of otherwise wrongful conduct of the applicant, his agents, contractors or employers, in connection with the work associated with this application.

**FEE: \$1200.00. \$200.00 will be Retained by the Town for Administrative Costs.
The refundable portion of the deposit (determined by the Roads Superintendent)
will be returned to the party that posted the bond.**

(Signature)

(Signature Clerk/Treasurer) Town of Dover

(Firm Name)

(Today's Date)

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FOR TOWN USE ONLY

Date Application Filed _____
Amount of Deposit _____
Check # / Cash _____
Name on Check _____
Date Release Approved _____
Date Bond Returned _____
Name on Check _____