

TOWN OF DISH EXCAVATION REQUEST APPLICATION

Applicant/Owner/Agent: _____

(circle one)

Mailing Address: _____ Phone: _____ Fax: _____

Owner's Name(s) if different: _____

Owner's Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip Code _____

Engineer or Surveyor if applicable: _____

General Location of Property: _____

Current Zoning Designation: _____

I certify that the information concerning this proposed excavation is true and correct and that I am the owner of record or the authorized agent for the owner of the above described property.

Signature

Date

Application complete? _____ Fee Paid:\$ _____	Received by: _____
Remarks: _____ _____	Date: _____ Time: _____

A NOTARIZED statement that authorizes the agent to represent the owner in this matter must be attached to this application.