



CITY OF MILLS
EST. 1921

City of Mills
704 Fourth Street / PO Box 789
Mills, WY, 82644
307-234-6679

Permit # _____

Fee \$ _____

Street Cut Permit

PROJECT INFORMATION	
ADDRESS:	
DESCRIBE WORK BEING COMPLETED (WATER, SEWER, GAS, TELEPHONE, ETC.):	
TRAFFIC CONTROL REQUIRED : <input type="checkbox"/> YES <input type="checkbox"/> NO	START DATE:
DESCRIBE ANY TRAFFIC CONTROL NEEDED:	
TRAFFIC CONTROL DRAWING ATTACHED: <input type="checkbox"/>	

OWNER INFORMATION		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	CELL:	

CONTRACTOR INFORMATION		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	CELL:	
BONDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>I HERBY CERTIFY THAT THE OWNER OF RECORD AUTHORIZES THE PROPOSED WORK AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF WYOMING AND THE CITY OF MILLS. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.</i>		
APPLICANT SIGNATURE:		APPLICATION DATE:

CITY OFFICIAL	
APPROVAL SIGNATURE:	APPROVAL DATE:

The Applicant shall assume risks or be liable for all injuries or damages caused by the opening or excavation of the street or by the failure to properly protect the same, backfill the same, restore the surface or maintain the surface or by any other action or inactions in connection therewith.

Incomplete applications cannot be processed