

**TOWN OF SMYRNA**  
**STREET EXCAVATION PERMIT APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Location and Purpose: \_\_\_\_\_

\_\_\_\_\_

Fee Paid: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Deposit: \_\_\_\_\_

\_\_\_\_\_  
Date

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This application has been approved subject to:

1. Deposit for repairs @ \$\_\_\_\_\_ per sq. ft. \$\_\_\_\_\_
2. **Contact Town of Smyrna Public Works Operations Manager Jason McNatt (450-2781) prior to any excavation to arrange any inspections required.**
3. Street excavation shall be properly protected per DelDOT requirements.

Town of Smyrna

Issued by:

\_\_\_\_\_

\_\_\_\_\_  
Title

DATE: \_\_\_\_\_