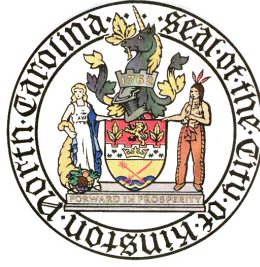


BOND

Amt. Req. _____
Amt. on File _____
Date of Expiration _____

CITY OF KINSTON
ENGINEERING



Application Date _____
Permit No. _____
Permit Work and /or temp. work to be
completed by _____
Permit Expires _____

FEES

Permit Fee \$ 10.00
Inspection Fee \$ _____
Total Fees \$ _____

APPLICATION FOR PERMIT
TO
EXCAVATE WITHIN CITY R/Ws

Call 939-3237
Before You Dig

Applicant to complete this portion of application

Name and address of applicant _____
Phone No. _____ Emergency Phone _____
Location of proposed work _____
Describe fully the nature of permit requested _____
Insurance on file with City yes no Date policy expires _____
Name of Insurer _____
Approximate time for completion _____ Desired starting date _____
Show sketch of proposed work or furnish 2 copies of separate drawings _____

I agree to furnish the City the amount of bond or fee required to reimburse the City for any expenses incurred by the City for maintenance or repair work in connection with this permit and that I am familiar with and will abide by the regulations for permits as outlined in the City of Kinston's Code of Ordinances.

Applicant's Sign. _____ Date _____ Approved by _____ Date _____

FOR INSPECTOR: Date work started _____

Expected date for permanent repair _____

Unusual conditions encountered _____

Date completed _____ Signed _____

Warranty Expiration Date _____ Inspector _____