

Permit # \_\_\_\_\_  
Permit Fee Paid \_\_\_\_\_

**TOWN OF MILLIKEN**  
**Phone 970-587-4331/Fax 970-587-2678**  
**EXCAVATION AND RIGHT-OF-WAY PERMIT**

Permit to temporarily close or obstruct a public way(s) within the Town of Milliken, CO  
*Contractor must give 24 hours notice before proceeding*

Date: \_\_\_\_\_ Business Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Location: \_\_\_\_\_

Reason for street work:

\_\_\_\_\_

**Dates/Times Street Work is Scheduled:**

Start: \_\_\_\_\_, @ \_\_\_\_\_ am or pm

Complete: \_\_\_\_\_, @ \_\_\_\_\_ am or pm

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

\_\_\_\_\_  
**Date**

**Below for Town use only**

Approved by: \_\_\_\_\_

Public Works Director

\_\_\_\_\_  
Date

Comments:

\_\_\_\_\_

**Applicant or his agent shall present a copy of this permit for inspection on demand by any member of the Town of Milliken Government, upon proper identification being shown.**

SPECIAL CONDITIONS imposed if any. (Explain need for any special conditions imposed under Town of Milliken Municipal Code). Itemize conditions and number them. **\$35.00 Permit Fee**

**Special Conditions, if any, acknowledged by applicant:**

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

\_\_\_\_\_  
Date