



THE CITY OF FIRCREST

City of Fircrest
115 Ramsdell Street
Fircrest WA 98466
(253) 564-8900

**APPLICATION FOR
STREET WORK PERMIT**

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

City, State, Zip: _____

Contractor: _____ Phone: _____

Location of work: _____

Description of work: _____

Purpose (please circle):

NEW MAINT REPAIR WATER SEWER GAS TEL ELE CTV DRAIN OTHER

LENGTH OF EXCAVATION: _____

Applicant's Signature: _____ Date: _____

Approved/Denied: _____ Date: _____

Public Works Department

For Staff Use Only

Application filed on _____ 20__ By _____

Application Request	Fee	
Street Work Permit	\$	

Received by _____ Fees paid _____ Receipt # _____