

# CITY OF ALGONA RIGHT-OF-WAY PERMIT

Algona, Iowa \_\_\_\_\_, 20\_\_\_\_ Location: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Construction (check):

- |                            |                          |              |       |
|----------------------------|--------------------------|--------------|-------|
| New sidewalk.....          | <input type="checkbox"/> | Description: | _____ |
| Sidewalk repair.....       | <input type="checkbox"/> |              | _____ |
| Driveway construction..... | <input type="checkbox"/> |              | _____ |
| Sewer service.....         | <input type="checkbox"/> |              | _____ |
| Tree work.....             | <input type="checkbox"/> |              | _____ |
| Curb cut.....              | <input type="checkbox"/> |              | _____ |
| Other (explain).....       | <input type="checkbox"/> |              | _____ |

The undersigned guarantees to perform this work in accordance with the plans and specifications approved by the City Engineer, and in compliance with the Ordinance of the City of Algona, Iowa.

\_\_\_\_\_  
Contractor Signature

Inspected:  
Date: \_\_\_\_\_ By: \_\_\_\_\_

Please fax this sheet to City Hall @ 295-4897 or mail to 112 W. Call Street. Assume approval unless otherwise notified. Call for an inspection 24 hours in advance.