



Dig Permit/ Right-Of-Way Application

PLEASE COMPLETE EVERYTHING UNDERLINED IN RED

Permit # _____

Date Issued _____

Receipt # _____

Property Address

Date of Application

Location: _____
Width: _____
Length: _____
Type of Work: _____

Project Start Date: _____
Describe Work Performed:

Owner's Name _____
Address _____
City, State & Zip _____
Daytime Phone _____
Cell Phone _____
Email _____

It is the responsibility of the permittee to call for all inspections with 48-hour notice and be on site for inspection.

I Hereby Acknowledge that I have read this application and state that all information listed is correct and agree to comply with all City ordinances and state laws.

Signature of Licensed Contractor

Please Print _____

Applicant Signature _____

Contractor's Name _____
License # _____
Address _____
City, State & Zip _____
Phone # _____
Email _____

OFFICIAL USE ONLY

Approval:

Building Official

Date

Inspection Approved:

Building Official

Time

Date

(Void 120 days from date of issue)

OFFICIAL USE ONLY

Permit Fee Collected By: _____

Final Total: \$ _____

City of Chariton Building Department
115 South Main Street
Chariton, Iowa 50049
(641) 774-5991
codeofficer@chariton.org

Revised January 2024