

CITY OF NEWPORT
REQUEST FOR PAVEMENT CUT

Name: _____

Development Name: _____

Street Address: _____

Lot No: _____

Reason for pavement cut request:

Contractor responsible for repair: _____

Address: _____

Telephone: _____

Signature: _____

Plans submitted and approved by: _____

Public Works Director

Fee received: \$ _____ Date: _____

City Treasurer: _____



Permit Number: _____

Pavement cut restored to original condition on date: _____

Approved by: _____