BOROUGH OF MOSAICS RECORDED # :

CUT FORM FOR PERMIT NO : PREVIOUS # :

PERMIT VALID FROM TO INSPECT DIST:

PERMISSION HEREBY GRANTED TO :

PERMIT TYPE :

PERMITTEE NO :

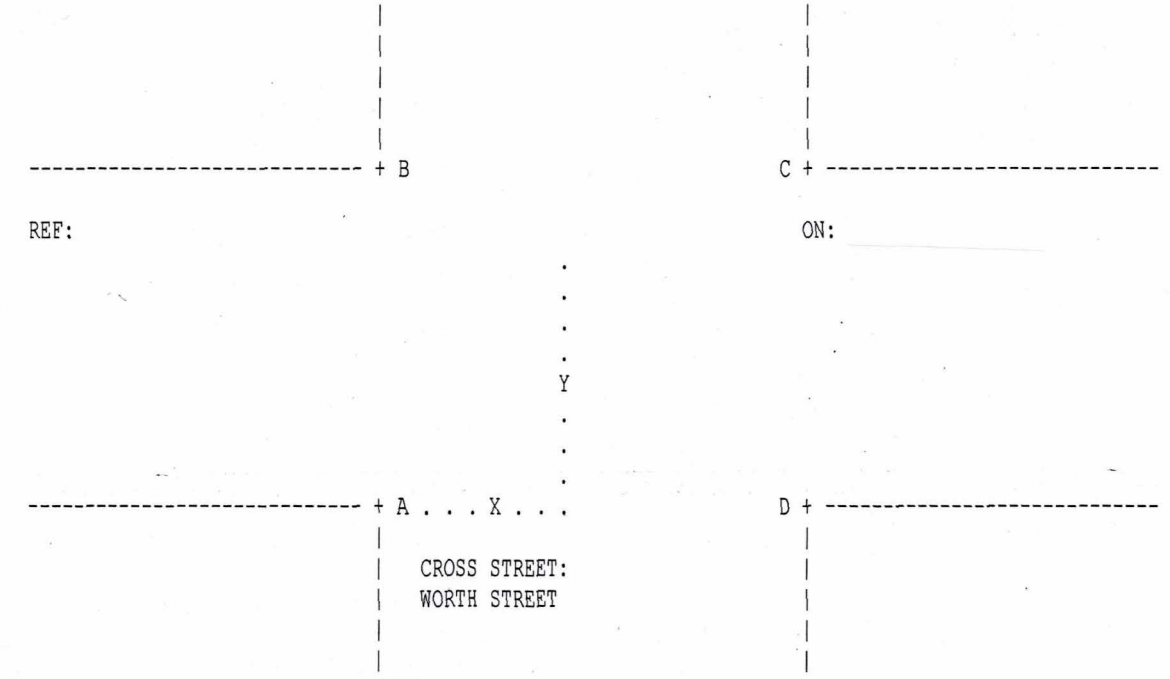
CONTACT NAME :

PHONE NUMBER :

ADDRESS :

FOR A MAXIMUM LENGTH OF FEET

TO OPEN THE ROADWAY AT: SPECIFIC LOCATION:



----CUT----		----DISTANCE----			OPEN --SIZE:--		FINAL --SIZE:--			----------DATE----------		
FM#	NO	X	Y	LANE	LEN	WID	LEN	WID	SHAPE	OPEN	TEMP	FINAL
				I								

SP LOC: _____ POR: _____

I

SP LOC: _____ POR: _____

I

SP LOC: _____ POR: _____

I

SP LOC: _____ POR: _____

I

SP LOC: _____ POR: _____

PAVE.COMP. _____ PAVE.REP.SIG. _____