

APPLICATION FOR PERMIT
LINE INSTALLATION, REPLACEMENT, OR MAINTENANCE
LANGFORD, SD

Company Name _____

Mailing Address _____

City / State / Zip _____

Contact Person _____ Phone Number _____

LOCATION:

____ NEW CONSTRUCTION ____ REPLACEMENT ____ REPAIR

____ BURIED ____ AERIAL

If Buried:

____ TRENCHED ____ PLOWED ____ BORED

____ OTHER _____

Applicant must provide documentation of the project, with ample time for council consideration before construction begins.

Signature of Applicant

Date

____ Approved ____ Rejected

Board President

Date