

CITY OF MCALESTER



UTILITY CONSTRUCTION PERMIT

DATE: _____ PERMIT # _____ OKIE LOCATE # _____

Name of Utility: _____

Company Representative: _____

Telephone No.: _____ Fax No.: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Telephone: _____ Fax No.: _____

Location: _____

Purpose of Utility Permit: Installation Adjust/relocation Removal
Maintenance of existing facility

Facility (type, size, class of transmittant, design pressure or potential, etc.)

Nature of installation: Longitudinal (parallel) Buried Aerial /Ground-mounted
Transverse (crossing) Pole Placement

Will Street Access Be Blocked? Yes No

Will Street Crossing Be Blocked? Yes No

Is Traffic Detour Necessary? Yes No (If yes traffic control plan is required)

Nature of Work _____ Surface to be disturbed: Bituminous
Roadway Shoulder Concrete
Gravel Turf Only Other: _____

Depth of Excavation Below Surface _____ Number and Size of Excavation _____

Method of Installation/Construction _____

Work to start on or after _____ Work to be completed by _____
(date) (date)

E-MAIL – kevin.hardwick@cityofmcalester.com FAX# (918) 423-4943 PHONE# (918) 423-9300 ext. 4994

Applicant's Signature _____ (Please Print) _____ Date _____

Engineering Division Approval _____ Date _____