



CITY OF LYNDEN

Public Works Dept. – 300 4th Street
Phone 360-354-3446

STREET OBSTRUCTION/EXCAVATION PERMIT APPLICATION

Permit No. _____ Application Date: ____ / ____ / ____

Job Location: _____

Owner Name: _____ Phone # _____

Contractor Name: _____ Phone # _____

Contractor Address: _____

Contractor License #: _____ Fax # _____

Start Date: ____ / ____ / ____ Time: _____

Est. Completion Date: ____ / ____ / ____ Time: _____

Work to be performed: _____

APPLICANT SIGNATURE _____

Contractor

Permit Application Fee \$35.00 Paid ____ / ____ / ____ Receipt # _____

APPROVED BY _____

DATE _____

Comments: _____

48 HOURS BEFORE YOU DIG
Call Ph #811: Utilities Underground Location Center
www.callbeforeyoudig.org

NOTE: A detailed site plan must be submitted along with your permit application