



CITY OF LYNDEN

Public Works Dept. – 300 4th Street

(360) 354-3446

STREET OBSTRUCTION/EXCAVATION PERMIT APPLICATION

Permit No. _____ Application Date ____/____/____

Job Location: _____

Owner Name: _____ Phone # _____

Contractor Name: _____ Phone # _____

Contractor Address: _____

Contractor License #: _____

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

Completion Date: ____/____/____ Time: _____

Work to be performed: _____

APPLICANT SIGNATURE _____

Contractor

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

APPROVED BY _____ DATE _____

City Staff Comments ONLY:

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