Phone: 601-795-8161 Fax: 601-795-0141 deputyclerk2@poplarvillems.gov cityhall@poplarvillems.gov

EXCAVATION PERMIT APPLICATION

			Permit #	<u></u>
Please Print: Applicant's Name				
Company				
1 /				
Company Address				
Phone	Cell		Fax	
Location of Excavation Attach Site Plan				·
Purpose of Excavation				
Will Explosives Be Used?	Yes	No		
Starting Date		_ Ending Date		
Prior to proposed excavat city utilities may be identifi You must also call Missi	ed and located fo	r permit holder. Fort	ty-eight hour notice n	
The permit holder sh properties in the mal		_	I to city utilities a	ind/or city
Applicant's Signa	ture		Date	
The City	of Poplarville is *	an Equal Opportun	ity Service Provide	-
Permit Fee \$25.00 Date	Paid:	Receipt #:	Clerk: _	
Approved By:	City Companies (ndent	Date:	
	City Superinten	iaent		