CITY OF OBERLIN
RIGHT OF WAY PERMIT APPLICATION

_____   _____
NAME OF APPLICANT   **BUSINESS NAME**

_____
ADDRESS

_____   _____   _____
PHONE NUMBER   **FAX NUMBER**   **EMAIL ADDRESS**

The undersigned makes application for use of City of Oberlin right of way in the following location:

For the following purpose:

**A map of the proposed work is attached hereto. **

_____
APPLICANT SIGNATURE

PERMIT

Granted_____**(Date)**

Denied_____**(Date)**

_____
CITY OF OBERLIN

1 MORGAN DRIVE, OBERLIN, KS 67749   P:785-475-2217   F:785-475-2925   billing@oberlinkansas.gov