

City of Gustavus
Civil Work Permit Application and Permit Form
Submit to City Hall, in person, to PO Box 1, Gustavus, AK 99826 or
email to administrator@gustavus-ak.gov

Requesting entity: _____ Contact person: _____

Address: _____

Phone(s): _____ Email: _____

Permit Type: 1) Routine _____ 2) Emergency _____ 3) Blanket _____

Work location(s):

Period work will occur (dates and times): _____

Work description (*attach additional pages if needed*. Include any design documents, equipment specifications, or other details needed to meet the intent of the permit. If emergency, describe):

Equipment to be used on site:

Utilities location provisions:

Traffic Safety and flow provisions: Any residents affected by the permitted work must be notified 24 hours prior to commencement of activities. Coordination with any resident that may have egress/ingress blocked or impaired is mandatory to ensure availability for emergency vehicles or use by the occupant(s) is provided if necessary.

Site restoration provisions:

Other provisions for compliance with permit requirements:

Applicant Attests: In signing this permit application I understand that I may not begin site civil work until the City of Gustavus has issued me an approved civil work permit for the covered work. I agree to comply with the terms of the permit including amendments required by the city administrator.

1. I understand that installations in the city-maintained road easement may be affected by or require relocation for future road maintenance or improvements and that any costs incurred to me including for location of my equipment or loss of service will be at my own expense. _____ Initial
2. I will notify the city administrator in writing at the start and completion of the permitted work. _____ Initial
3. I will notify the administrator in writing in advance if there are any significant changes to the work plan that may affect the terms of the permit. _____ Initial

Applicant Signed _____ Date of application: _____

For official Use Only:

Permit is Approved ___ Not Approved ___

City Administrator: _____ Date _____

Final inspection required Yes ___ No ___

City Administrator: _____ Date _____

Project is complete and accepted.