Submit by Email | Print Form

City of Leeds

8373 1st Ave
Leeds, AL 35094
Phone: 205-699-2585
Fax: 205-699-6558

Street Cut Application

Date: _____ Permit Number: _____

Location of Cut: _____

Purpose of Cut: _____

_____

Type of Street: ☐ Gravel ☐ Dirt ☐ Asphalt ☐ Concrete

Bonding Company: _____ Bond Number: _____

Deposit Amount: _____ Form of Payment: _____

Name of Contractor Patching Street: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Email: _____

General Contractor(if different than above): _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Email: _____

Permit Cost - $30.00

I certify that the information given is true and correct to the bet of my knowledge and the work authorized upon this application is to be done in accordance with the respective Code of the City of Leeds. I certify that I have a valid business license with the City of Leeds.

Signature: _____ Date: _____

Print: _____

Official Use Only:

Cut Replaced and Approved: _____

Date Approved: _____