



**SPRING LAKE
TOWNSHIP**

106 S. BUCHANAN ST
SPRING LAKE, MI 49456
PHONE (616) 842-1340
FAX (616) 842-1546

**ORDINANCE DEPT
(616) 842-9270**

**BIKE PATH/SIDE WALK
CUT
PERMIT**

DATE: _____
ISSUED BY: _____

WORK BEING DONE AT:

Address: _____
City, State, Zip: _____ Spring Lake, MI 49456
Name: _____
Phone Number: _____

CONTRACTOR INFORMATION:

Name: _____
Address: _____
Phone Number: _____
Field Person: _____
Cell Phone No.: _____

Refundable Deposit Fee: \$250.00 Permit Fee: \$50.00

Total Paid: _____ **Check No.:** _____ **Paid By:** _____

REASON FOR CUT: _____

COMMENTS: _____

