

**TOWN OF LEDGEVIEW
PUBLIC WORKS DEPARTMENT**

Permit # _____

Project # _____

COMPLETION CERTIFICATE
(for Utility Permits)

TO: Town of Ledgeview
Attn: Building Inspector
3700 Dickinson Road
De Pere WI 54115
Phone #: 920-336-3360
Fax #: 920-336-8517

FROM:

Name: _____

Address: _____

Contact: _____

Phone #: _____

Fax #: _____

Town Road Where Work was Performed: _____

The work requested under the above-mentioned utility permit has been completed. The Town can now review to insure proper restoration to the affected Town right-of-way has been made.

Signature of Authorized Utility Representative

Date

Printed Name

Title

DO NOT WRITE BELOW THIS LINE

Utility Project Field Inspected by:

Signature

Date

Title