

APPLICATION FOR UTILITY CONTRACTOR

☐ Inside City Limits ☐ Outside City Limits Application must be completely filled out.		
Owner Name:Address:		Telephone:
Address:	City:	State: Zip:
Owner Email Address:		
Utility Contractor:		
Name:	Cit	Telephone:
Address:	Class:	State: Zip:
N.C. State License #: E-mail:	Class	Ехрігацоп расе:
Expiration of Workers Compensation Ins		
Utility Contractor Signature:		(Signature of license holder only/not office staff)
Description of Proposed Work:		
Applicant Signature: Inspector Signature:		
	ne by an Utilit ed by the Stat	y Contractor, e of North Carolina.

"The City of Dunn is an Equal Opportunity Provider and Employer"