



JEFFERSON COUNTY PUBLIC WORKS SPECIAL USE PERMIT REVIEW FORM

Permit No. _____

Date: _____

Applicant Name(s): _____

Name of Group (if applicable): _____

Address: _____

City / State / Zip Code: _____ / _____ / _____

HWC Phone #:() _____ HWC Phone #:() _____

Reason for Permit: _____

Area for Permit: _____

Date(s) for Permit _____

Proof of Insurance: Yes No

Name of Insurance: _____ Expiration Date: _____

Permit Issued: Date of issue: _____

Permit Denied: Reason(s) for denial: _____

More information needed: _____

Signature of Applicant: _____

County Representative: _____