

# City of Harlan Multi-purpose Permit



## CITY OF HARLAN

CITY HALL 711 DURANT ST BOX 650 HARLAN IA 51537  
 PHONE 712-755-5137 FAX 712-755-5138  
 EMAIL INFO@CITYOFHARLAN.COM

Permit Number \_\_\_\_\_

Date of Application \_\_\_\_\_

Name of Insurance Provider \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Cell # \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

### Type of Permit

Fee Paid \$ \_\_\_\_\_

- |                          |                        |                          |
|--------------------------|------------------------|--------------------------|
| <input type="checkbox"/> | * Parade (Provide Map) | <input type="checkbox"/> |
| <input type="checkbox"/> | * Demolition           | <input type="checkbox"/> |
| <input type="checkbox"/> | * Fire Works Display   | <input type="checkbox"/> |
| <input type="checkbox"/> | * Street Closing       | <input type="checkbox"/> |
| <input type="checkbox"/> | * Noise Variance       | <input type="checkbox"/> |
| <input type="checkbox"/> | Street Light           | <input type="checkbox"/> |

Sewer Connection Inspectic \_\_\_\_\_  
 Tree Work \_\_\_\_\_  
 Equip. Rental \_\_\_\_\_  
 Misc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Beginning Date/Time \_\_\_\_\_

Ending Date/Time \_\_\_\_\_

Address of Event \_\_\_\_\_

Description of Event or Work to be Done \_\_\_\_\_  
 \_\_\_\_\_

Approved by A= Approved    D= Denied    NA= Not Applicable

Jeff Musich - Street Supt.      Date  
 \_\_\_\_\_ A | D | NA

Roger Bissen - Fire Chief      Date  
 \_\_\_\_\_ A | D | NA

Tim Miller- Parks Superintendent      Date  
 \_\_\_\_\_ A | D | NA

Glenn Carlson - Sanitation Supt.      Date  
 \_\_\_\_\_ A | D | NA

Kelli Miller - Vets/Turk Mgr      Date  
 \_\_\_\_\_ A | D | NA

Gene Gettys - City Administrator  
 \_\_\_\_\_ A | D | NA

Council Approval      Date  
 \_\_\_\_\_

Notify County Sheriff      Date  
 \_\_\_\_\_

\* Denotes City Council Approval

Applicant Signature \_\_\_\_\_