



CITY OF CRETE COMMERCIAL SNOW REMOVAL PERMIT

7/1/24 to 6/30/25

Name: _____

Address: _____

Street

P.O. Box

Apt. #

City

State

Zip

Phone Number: (_____) _____
Area Code

Type of Services to be Performed: _____

Location of Services to be Performed: _____

How Services will be Performed: _____

(Gross weight shall not exceed 750 lbs. per wheel on sidewalks.)

I hereby agree to the terms and conditions set forth in the City of Crete Ordinance #1604. I also understand that if any of these terms and conditions are not fully met, the Public Works Director reserves the right to revoke this permit for a period of one year.

Signature - Applicant

Date

Signature – Public Works Director

Date

This permit is effective for one season, running thru July 1st to June 30th.

Fee: \$10.00

Date Paid: _____

Initials: _____