

*Find yourself next to the water.*



City of Ashland, Department of Planning & Development, 601 W Main Street, Ashland, WI 54806

## Temporary Right of Way Permit

Applicant Name:

Mailing Address of Applicant:

Phone Number (daytime):

Email Address:

Property Address:

Parcel #:

### **Type of Obstruction:**

Dumpster, Trash or Recycling Receptacle  Barricade  Scaffolding  Sale Display

Bicycle Rack  Outdoor Seating/Tables  Retractable/Seasonal Awning  Other

### **Description of Objects to be Placed and Location on Sidewalk:**

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Dates of Display: \_\_\_\_\_ to \_\_\_\_\_

Daily Hours of Display: \_\_\_\_\_ to \_\_\_\_\_

**Please include the permit fee with your application:**

**Permit Fee: \$30**

### **For Office Use:**

Approved  Approval Date: \_\_\_\_\_ Paid

Conditions (if applicable):

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