

**EXCAVATION PERMIT APPLICATION**

Project Number: \_\_\_\_\_

Date: \_\_\_\_\_

**SITE INFORMATION**

Site Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

**APPLICANT/AUTHORIZED AGENT INFORMATION**

Applicant/Authorized Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

**CONTRACTOR INFORMATION**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail \_\_\_\_\_

Bond Number: \_\_\_\_\_

**PROJECT INFORMATION**

# of Blocks: \_\_\_\_\_ # of Intersections: \_\_\_\_\_

Total Linear Feet: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Days of Operation: M  T  W  TH  F  S  SU

Hours: \_\_\_\_\_ AM  PM  to \_\_\_\_\_ AM  PM

**PURPOSE OF FACILITY**

CTV  DATA  ELECTRIC  TELEPHONE  GAS  VIDEO  WATER  SEWER

OTHER \_\_\_\_\_

**EXCAVATION REASON**

REPLACE  REPAIR  NEW  SERVICE  OTHER \_\_\_\_\_

**EXCAVATION METHOD**

OPEN CUT  SAW CUT  DIRECTIONAL BORING  OTHER \_\_\_\_\_

*\*\*Application for permit shall include two (2) sets of plans showing the extent of proposed excavation work, the dimensions, and elevations of both the existing ground prior to said excavation and of the proposed excavation surfaces, the locations of the excavation work, and such other information as may be prescribed by the director of Development Services or approved representative.\*\**

<input type="checkbox"/> Permit Fee: \$75.00
<input type="checkbox"/> Surety Bond
Date Paid: _____

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

\_\_\_\_\_  
Print Name

**APPROVED:**

\_\_\_\_\_  
Director of Development Services

Date: \_\_\_\_\_

**NOTES:**