

EXCAVATION PERMIT APPLICATION

Permit 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"/> Administration Fee: \$50.00 <input type="checkbox"/> Surety Bond Date Paid: _____
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Signature of Applicant

Print Name

APPROVED:

Director of Development Services

Date: _____

NOTES: