

## STREET/SEWER EXCAVATION - SEWER TAP - CURB CUTS

DATE OF APPLICATION: \_\_\_\_\_

PERMIT #

### LOCATION OF WORK

STREET _____	START DATE _____
CROSS STREET _____	END DATE _____
DESCRIPTION _____	DIG SAFE # _____

### PROPERTY OWNER INFORMATION

Property Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone/Cell Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### CONTRACTOR

Name: \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 24 Hr. Phone: \_\_\_\_\_

**Excavator (if different than Contractor)** \_\_\_\_\_

*By signing below I acknowledge I have read, understand & agree to abide by policies listed in the regulations, procedures and instructions. The Superintendent or his designee has the right to revoke any permit and or bonding from permit holder if all policies and regulations are not followed*

**CONTRACTOR/OWNER (SIGNATURE)** \_\_\_\_\_

DESCRIPTION OF WORK (check all applicable)			
Sewer	Repair/Replace _____	Tap _____	_____
Water	Repair/Replace _____	Tap _____	_____
Gas	Repair _____	Replace _____	Retire _____ New _____
	Services _____		
	Trench _____	Y/N _____	Curb Cut _____ Y/N _____
Placement of Cut	Road _____	Sidewalk _____	
Size of Cut	Width _____	Length _____	Depth _____
Description/Other	_____		

FEE SCHEDULE			
Street Excavation	\$300	Street Excavation & Tap	\$650
Sewer Tap	\$350	Curb Cut	\$100
Linear Trenches/Main Inst	\$4/Ft	Street Excavation & Sidewk	\$350
Non Compliance	\$250	Emergency	\$100

<b>FOR OFFICE USE ONLY:</b>		<i>Approval</i>	
<i>Amt Pd</i> _____	<i>Check #</i> _____	<i>Cash</i> _____	<i>Receipt #</i> _____