



APPLICATION

STREET CUT

Date: _____

Permit Number: _____

Fee: \$ _____

Location of work: _____ Applicant is Owner: Yes No

Owner / Applicant

Contractor(s)

Names _____

Addresses _____

City, State, Zip _____

Emergency # _____

Dig Safe Number _____

Description of work (including length, width and depth of any excavation, type and size of utility, etc. to be installed):

Start Date: _____ **Completion Date:** _____ **Date Notified of Completion:** _____

The Contractor agrees to abide by the current version of Manual on Uniform Traffic Control Devices (MUTCD) for safety measures to be employed in conjunction with the permit. The Contractor understands they are responsible for maintaining a safe work zone. _____ (Contractor's Signature)

- Notes:** 48 hours prior to work *call Dig Tess for utility locates* 1-800-344-8377
- At least 24 hours prior to work *call the City's Inspector*
- All Curb Cuts, Driveways & Sidewalk Cuts must be **ADA compliant**

Bond Information:

Liability Insurance Coverage:

Company: _____

Bond Amount: _____

Expiration Date: _____

The Applicant hereby agrees the above statements concerning the proposed cut are true and correct. The Applicant agrees to conform to the pertinent statutes, ordinances and rules, to protect the work and guard against accident, to pay for the inspection and the cost of any damage or injury, which may result from the work, and to file a check or money order with the City Treasurer in the amount required under City Ordinances.

Applicant's Printed Name & Title

Approved by:

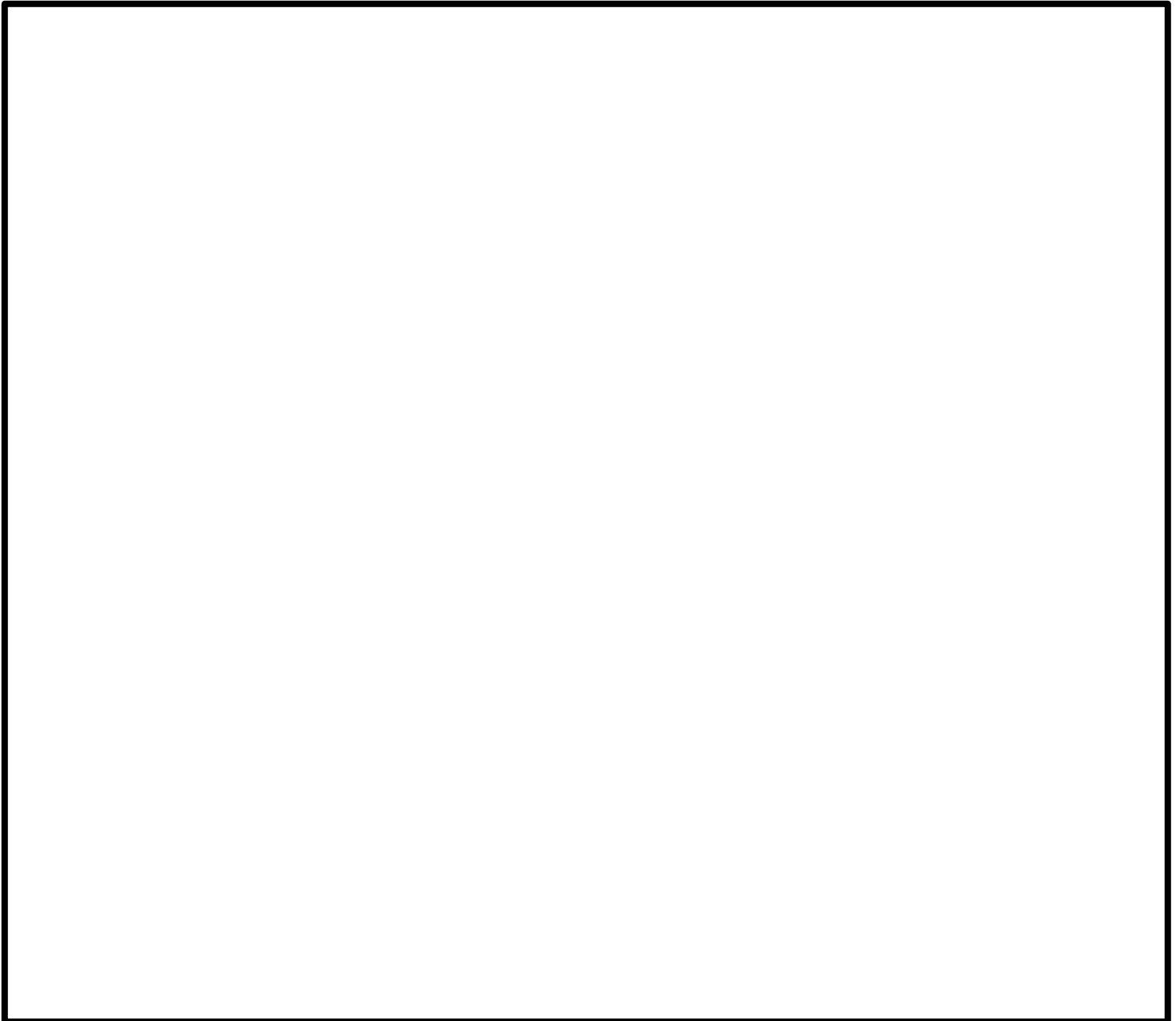
Applicants Signature

Date

Required Information

- ❖ Show street name and house number
- ❖ Show distance from curb face to building
- ❖ Show distance from curb face to side edge of proposed sidewalk
- ❖ Show nearest Utility Pole and identify it by the affixed number
- ❖ Show any curb inlets/drainage structures/fire hydrants/sewer cleanouts or water meter boxes
- ❖ Draw a sketch of the proposed location and indicate sidewalk and driveway width and location where applicable

LOCATION SKETCH OF WORK



How many parking spaces are affected? _____ N/A

Is there alternate side parking on street? Yes No N/A

Notes/Comments: _____
