

APPLICATION

		STREET CUT	
Date:		Permit Number:	
		Fee: <u>\$</u>	
Location of work:		Applicant is Owner: ☐ Yes ☐ No	
Own	er / Applicant	Contractor(s)	
Names		<u> </u>	
Addresses		<u> </u>	
City, State, Zip		_	
Emergency #		_	
Email Address			
Description of work	(including length, width and depth	n of any excavation, type and size of utility, etc. to be installed:	
Start Date:	Completion Date:	Date Notified of Completion:	
measures to be emplar a safe work zone. Notes: 48 hours prior At least 24 hours	loyed in conjunction with the pern	pector	
ŕ	Bond Information:	Liability Insurance Coverage:	
Company:			
Bond Amount:			
Expiration Date:			
agrees to conform pay for the inspec	to the pertinent statutes, ordinar	concerning the proposed cut are true and correct. The Applicant nees and rules, to protect the work and guard against accident, to r injury, which may result from the work, and to file a check or 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

EOCATION SKET	CIT OT WORK			
How many parking spaces are affected?	□ N/A			
Is there alternate side parking on street? $\ \square$ Yes $\ \square$ No	□ N/A			
Notes/Comments:				

