Community Development Department
1787 South 2000 West, Syracuse UT 84075
Tel: 801-825-1477 Fax: 801-825-3001

PERMIT NUMBER

_____

SYRACUSE CITY

EXCAVATION PERMIT APPLICATION AND AGREEMENT

ON THE REVERSE SIDE OF THIS FORM, OR ON AN ATTACHED SHEET, FURNISH A MAP OR SKETCH SHOWING THE LOCATION OF THE EXCAVATION AND ITS LENGTH, WIDTH AND DEPTH.

NAME OF APPLICANT: _____CONTACT PERSON_____

ADDRESS OF APPLICANT: _____ TELEPHONE #_____

FAX NO._____JOB LOCATION: _____ _____

STARTING CONSTRUCTION DATE: _____ ENDING CONST. DATE: _____

PURPOSE OF EXCAVATION: _____

CHECK TYPE OF UTILITY: ____Sanitary Sewer, ____Water Lines, ____Storm Drain Line, ____Phone/Power/Gas/Cable, ____Combined

ROAD CUT LOCATIONS WITHIN THE RIGHT OF WAY: _____

DIMENSIONS OF EXCAVATION: length_____, width_____, depth_____

TO WHAT EXTENT WILL THE EXCAVATION INTERFERE WITH THE NORMAL FLOW OF TRAFFIC ON THIS STREET, SIDEWALK, OR ANY PUBLIC RIGHT-OF WAY? _____

WHAT STEPS WILL BE TAKEN TO MAINTAIN TRAFFIC SAFETY? _____

_____

__

ALL TRAFFIC CONTROL SIGNING SHALL BE IN ACCORDANCE WITH THE MANUAL ON UNIFORM TRAFFIC CONTROL DEVICE (MUTCD).

APPLICANT IS REQUIRED TO CONSULT UTILITY COMPANIES OPERATING IN THIS AREA BEFORE MAKING ANY EXCAVATION. IN GRANTING A PERMIT, SYRACUSE CITY MAKES NO REPRESENTATION AS TO THE LOCATION OF UTILITY FACILITIES IN THE EXCAVATION AREA OR THE EFFECT OF THE PERMITTED EXCAVATION ON SAID UTILITIES.

IN CONSIDERATION FOR THE GRANTING OF AN EXCAVATION PERMIT BY SYRACUSE CITY, THE ABOVE NAMED APPLICANT HEREBY PROMISES TO **(1)** PERFORM THE EXCAVATION APPLIED FOR IN A WORKMANLIKE MANNER AND IN CONFORMITY WITH TITLE IV CHAPTER ONE OF SYRACUSE CITY ORDINANCES, AND **(2)** TO HOLD SYRACUSE CITY, ITS OFFICERS, EMPLOYEES, OR AGENTS HARMLESS FROM ANY AND ALL COSTS, DAMAGES, AND LIABILITIES WHICH MAY ACCRUE, OR BE CLAIMED TO ACCRUE, AND ALL COSTS, DAMAGES AND LIABILITIES WHICH MAY ACCRUE, OR BE CLAIMED TO ACCRUE, BY REASON OF ANY WORK PERFORMED UNDER A PERMIT ISSUED PURSUANT TO THIS APPLICATION, AND **(3)** NOTIFY THE POLICE AND FIRE DEPARTMENT, BEFORE EXCAVATING **(4) RESTORE EXCAVATION AREA TO CITY STANDARDS UPON COMPLETION OF CONSTRUCTION**.
When signed and dated by an Authorized City Representative, this form becomes your "PERMIT".

_____ _____

_____

State License No. Signature of Applicant Date

OFFICIAL CITY USE ONLY

APPROVED BY:_____**DATE:** _____ **INSPECTION BY:** _____ **DATE:** _____

Basic Administration Fee: $30.00 Non-Refundable Trench Repair Fee $_____ TOTAL FEE $ _____
Fee paid by: check #_____ Billed _____ Waived _____

Comments or additional requirements which should be imposed _____

_____