



Community Development Department
 1979 West 1900 South, Syracuse UT 84075
 Tel: 801-614-9626 Fax: 801-614-9626

PERMIT NUMBER

SYRACUSE CITY

EXCAVATION PERMIT APPLICATION AND AGREEMENT

IMPORTANT: FURNISH A MAP OR SKETCH SHOWING LOCATION OF EXCAVATION AND ITS LENGTH, WIDTH, AND DEPTH—PARTICULARLY AS IT RELATES TO CENTER LINE OF ROAD.

NAME OF APPLICANT: _____ CONTACT NAME: _____

ADDRESS OF APPLICANT: _____ TELEPHONE NO.: _____

EMAIL ADDRESS: _____ FAX NO. _____

JOB LOCATION: _____

STARTING CONSTRUCTION DATE: _____ ENDING CONSTRUCTION DATE: _____

PURPOSE OF EXCAVATION: _____

TYPE OF UTILITY: _____ Sanitary Sewer, _____ Water Lines, _____ Storm Drain Line, _____ Phone/Power/Gas/Cable, _____ Combined

EXCAVATION LOCATION WITHIN RIGHT OF WAY: _____ Park Strip, _____ Sidewalk, _____ Curb, _____ Road

DIMENSIONS OF EXCAVATION: Length _____, Width _____, Depth _____

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

WHAT STEPS WILL BE TAKEN TO MAINTAIN TRAFFIC/PEDESTRIAN SAFETY? _____

ALL TRAFFIC-CONTROL SIGNING SHALL BE IN ACCORDANCE WITH THE MANUAL ON UNIFORM TRAFFIC CONTROL DEVICE (MUTCD). APPLICANT MUST CONSULT ANY 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, (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, (3) NOTIFY THE POLICE AND FIRE DEPARTMENT BEFORE EXCAVATING, AND (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."

Excavator	Liability Insurance Co.	Signature of Applicant
State License No.	Bonding Co.	Date

OFFICIAL CITY USE ONLY

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

Basic Administration Fee: **\$47.00** Non-Refundable Trench Repair Fee \$ _____ : TOTAL FEE \$ _____

Fee paid by: check # _____ Billed _____ Waived _____

Comments or additional requirements imposed _____