



## Paving Cut Permit Application Information

### Contact Information

Firm:	_____		
Name:	_____		
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Business Phone:	(    ) _____	Cell Phone:	(    ) _____
E-mail Address:	_____		

### Utility Contact Information

Utility Company:	_____		
Contact Name:	_____		
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Business Phone:	(    ) _____	Cell Phone:	(    ) _____
E-mail Address:	_____		

### Job Information

Foreman:	_____	Cell Phone:	(    ) _____
Work Location:	_____		
Work Description:	_____		
Barricade Company:	_____		
Start Date:	_____	End Date:	_____
Dig Tess #:	_____		

#### Required Attachments:

Proposed Excavation Drawing

Approved Traffic Control Plan

Certificate of Insurance (If not already on file)

Permit Bond (If not already on file)

#### **\*\*NOTICE\*\***

INSPECTION REQUEST SHALL BE MADE ON OR BEFORE THE CITY WORK DAY PRIOR TO THE DAY THE PERMITTEE WISHES THE INSPECTION TO TAKE PLACE BY CALLING THE ENGINEERING & CONSTRUCTION MANAGEMENT DEPARTMENT @ 541.4200. INSPECTION WILL BE MADE SUBJECT TO THE AVAILABILITY OF THE CITY INSPECTORS. A COPY OF APPROVED PAVING CUT PERMIT, TRAFFIC CONTROL PERMIT, AND PROPOSED EXCAVATION DRAWING SHALL BE KEPT AT THE PERMIT ADDRESS SITE AND SHALL BE MADE AVAILABLE TO THE CITY INSPECTOR UPON REQUEST.