



Department of the Building Official
Excavation Permit Application Form
 (FOR UTILITIES)

Project Name: _____

Date of Application: _____

Name of Applicant (Last Name, First Name)	Telephone #
Address (#, Street Name, City, State)	
Name of Contractor	Telephone #
Address (#, Street Name, City, State)	
Location of Excavation (#, Street Name)	
Type of Work <input type="checkbox"/> By Contract <input type="checkbox"/> Individual <input type="checkbox"/> By Administration <input type="checkbox"/> Other (Specify) _____ Utility Provider: _____	
Scope of Work: Installation, Repair or Improvement of: <input type="checkbox"/> Water <input type="checkbox"/> Gas Pipes/System <input type="checkbox"/> Sewer Pipes/System <input type="checkbox"/> Telephone Lines <input type="checkbox"/> Cable Conduits/Power Lines & Other Communication Facilities <input type="checkbox"/> Other (Specify) _____	
Project Duration: _____	
Scheduled Start of Work: _____	
Expected Date of Completion: _____	
_____ Permit Number	_____ Approval Date

*It is the applicant's responsibility to contact homeowners about job and dates as well as make any repairs to damaged property.

To be completed by Codes Admin

REMEMBER TO CALL BEFORE YOU DIG PLEASE CALL - 811

\$25 Permit
 \$250 Deposit

Applicant Signature

Codes Administrator
Christopher L Loehr (701) 403-9537