

STREET EXCAVATION PERMIT

NO. \_\_\_\_\_

DATE \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property to be Excavated: \_\_\_\_\_

Address of Owner if Different from Above: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Property Owner: \_\_\_\_\_

Contractor Doing Excavation Work: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Proof of Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Responsibility for Excavated Ditch \_\_\_\_\_

Excavation Drawing: \_\_\_\_\_  
\_\_\_\_\_

N Indicate North

Iowa One Call Authorization: \_\_\_\_\_

Bond Requirement:

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

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I do hereby declare that I understand all the rules and regulations pursuant to this excavation permit, and understand the responsibilities outlined therein.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STREET SUPERINTENDENT

\_\_\_\_\_  
CITY ADMINISTRATOR