



Community Development Department
1979 West 1900 South, Syracuse UT 84075
Tel: 801-614-9625; Fax: 801-779-9907; Email klukes@syracuseut.com

PERMIT NO.

EXCAVATION PERMIT APPLICATION AND AGREEMENT
FOR DRIVEWAY APPROACHES AND/OR SIDEWALKS

NOTE: FURNISH SKETCH SHOWING LOT WIDTH, EXISTING DRIVEWAY WIDTH, PROPOSED DRIVEWAY WIDTH OR DRIVEWAY WIDTH EXTENSION, DEPTH OF ROAD BASE TO PLACE UNDER APPROACH AND SIDEWALK, OR LOCATION AND NUMBER OF SIDEWALK SECTIONS TO REPLACE

IMPORTANT: MUST SCHEDULE INSPECTIONS BY CALLING 801-614-9626 AT LEAST 48 HRS PRIOR TO POURING CONCRETE FOR SIDEWALKS OR DRIVEWAY APPROACHES

NAME OF HOMEOWNER: _____

ADDRESS: _____ TELEPHONE NO.: _____

EMAIL ADDRESS: _____ FAX NO. _____

CONTRACTOR: _____ CONTACT NAME: _____

EMAIL ADDRESS: _____ FAX NO. _____

MAILING ADDRESS: _____

STATE LICENSE NO.: _____ LIABILITY INSURANCE CO.: _____

BONDING COMPANY: _____ FAX NO. _____
(Minimum \$1,000,000)

START DATE: _____ BACKFILL/POUR DATE: _____ COMPLETION DATE: _____

PURPOSE OF EXCAVATION: ___ Widen Driveway Approach, ___ Add Second Driveway Approach, ___ Replace Sidewalk

EXCAVATION LOCATION: ___ Park Strip, ___ Sidewalk, ___ Curb, ___ Gutter, ___ Road

WIDTH OR LENGTH OF EXCAVATION: _____ Width, _____ Length

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

All traffic-control signage shall be in accordance with the Manual on Uniform Traffic Control Device (MUTCD).

CONTRACTOR SHALL HAVE AREA BLUESTAKED BEFORE MAKING ANY EXCAVATION. IN GRANTING PERMITS, SYRACUSE CITY MAKES NO REPRESENTATION AS TO LOCATIONS OF UTILITY FACILITIES IN EXCAVATION AREAS OR THE EFFECTS OF PERMITTED EXCAVATIONS ON SAID UTILITIES.

IN CONSIDERATION FOR GRANTING AN EXCAVATION PERMIT BY SYRACUSE CITY, THE ABOVE-NAMED CONTRACTOR HEREBY PROMISES TO (1) PERFORM APPLICABLE EXCAVATION IN A WORKMANLIKE MANNER AND IN CONFORMITY WITH TITLE IV CHAPTER 1 OF SYRACUSE CITY ORDINANCES, (2) 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 THAT MAY ACCRUE, OR BE CLAIMED TO ACCRUE, BY REASON OF ANY WORK PERFORMED UNDER A PERMIT ISSUED PURSUANT TO THIS APPLICATION, AND (4) RESTORE EXCAVATION AREA TO CITY STANDARDS UPON COMPLETION OF CONSTRUCTION.

Subcontractor Liability Insurance Co. (\$1,000,000) Signature of Applicant

State License Number(s) Date

OFFICIAL CITY USE ONLY

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

Administrative Fee: \$47.00 Repair Fee \$ _____ Reinspect Fee \$ _____ Fine \$ _____ TOTAL FEE \$ _____

Fee paid: _____ By: Check # _____ Visa/MasterCard _____ Waived _____ Receipt No.: _____

Comments or additional requirements imposed _____