_UINTAH CITY
EXCAVATION PERMIT APPLICATION

QGC# __________________________ Date Faxed: ______________________ Date Emailed: ______________________

Date of Application: ___________________ Date Construction to Begin: ________________

Address: _____________________________________________________________________________________

Name of Property Owner: _________________________________________________________________

Property Type: Commercial _____ Residential _____

Contractor: __________________________ Phone: ______________________________

Address: _____________________________________________________________________________________

State License #: __________________________

DESCRIPTION OF WORK:

1. Type of Line:

   Gas _______ Cable TV _______ Sewer _______
   Electrical _______ Culinary Water _______ Storm Sewer _______
   Telephone _______ Secondary Water _______ Fiber Optics _______
   Other (Specify) ____________________________________________

2. Method of Installation: Open Trench _____ Tunnel Auger _______ Hole Hog _______
   Other (Specify) _____________________________________________

3. Other pertinent information about the job, traffic control, construction materials, etc.
   _______________________________________________________________________________________

NOTICE:

1. 24 hour notice is required on all inspection to Jeff Holden 801-388-3558.
3. 48 hours before digging notify the following: City Office: 479-4130, Fire Chief Pope: 801-425.2802, and Jeff Holden @ 801-388-3558.
4. Asphalt patching requirements: 10” compacted road base, 3” compacted asphalt. No clay materials will be allowed for use as backfill.
5. All roadway excavations must be patched within 48 hours. During cold/wet weather, cold mix asphalt will be required. Cold mix must be replaced with hot asphalt as soon as the weather and temperature permits.
6. All clean up is the responsibility of person/contractor making the application.
7. A copy of this Excavation Permit must be at construction site.
8. Failure to obtain a Uintah City Excavation Permit will result in all work being suspended until a permit is obtained, PLUS A DOUBLE EXCAVATION FEE ASSESSED.
9. Notify City Office immediately upon completion of excavation.

This permit becomes null and void if work or construction authorized is not commenced within 14 days, or if construction work is suspended or abandoned for a period of 7 days at any time after work in begun.
AFFIDAVIT

Permit #____________________

I certify that ALL work is guaranteed to remain satisfactory to UINTAH CITY for a period of two (2) years after acceptance.

I hereby certify that I have read and examined this application and all information submitted herein is true and correct. The provisions of laws and ordinances governing this permit do not presume to give authority to violate or cancel the provisions of any state or local law regulation construction or the performances of any state or local law regulation construction or the performance of construction.

These statements are sworn and agreed to under penalty of perjury.

Contractor's Representative (Print name and Title) _________________________________________________

Signature: ______________________________ Date: __________________________

TO BE COMPLETED BY UINTAH CITY

Fee: $50 Non-Refundable Application Fee per site*
Fee: $60 Unimproved right-or-way area per site*

Fee: $300 per asphalt cut up to 300 Square Feet*
Fee: $2 per square foot for asphalt cut larger than 300 Square Feet*
NOTE: (Refundable if completed/inspected within 10 days).

$2000.00 Bond Posted: Yes __________ No___________

*Plus any additional costs deemed necessary, at the City's discretion, i.e. engineering, legal professional, etc. PLEASE PAY FROM PERMIT, A SEPARATE STATEMENT WILL NOT BE SENT. FEE IS BASED ON NO ASPHALT INVOLVEMENT. ADDITIONAL FEES WILL APPLY IF ASPHALT IS INVOLVED.

TOTAL PERMIT FEE $______________ RECEIVED BY ___________________________ DATE _________________

Approval Date __________________________ Approved by _____________________________________

(Public Works)

Date approved for Refund ________________ (if applicable) Amount $________________________

Refund approved by __________________________________________________________

Signature of Public Works Director

Refund Check # ______________ Date Mailed __________ Picked up by ______________ Date ___________