



STREET CUT PERMIT APPLICATION

DATE:

APPLICANT INFORMATION

APPLICANT NAME:

COMPANY:

STREET ADDRESS:

EMAIL:

PHONE:

PROOF OF CITY BUSINESS LICENSE:

SITE INFORMATION

SITE LOCATION:

TYPE OF STREET SURFACE:

LENGTH OF OPENING:

APPLICANT INFORMATION

APPLICATION FEE: \$50.00

EXCAVATION FEE @ \$1 /
LINEAR FOOT

RESTORATION DEPOSIT: \$500.00

TOTAL FEES:

- EXCAVATIONS EXTENDING LESS THAT 5' FROM THE CURB REQUIRE A 12" CUTBACK ON EACH SIDE OF THE TRENCH.
- EXCAVATIONS EXTENDING MORE THAN 5' FROM THE CURB REQUIRE A FULL LAN PATCH.
- EXCAVATIONS EXTENDING PAST THE CENTER LINE OF THE ROAD REQUIRE A FULL WIDTH PATCH.

OFFICE USE ONLY

DATE RECEIVED:

SITE VISIT DATE:

PAYMENT TYPE:

- CASH
 CHECK
 CREDIT(\$5 FEE)

PERMIT

APPROVAL:

- APPROVED
 DENIED

COMMENTS:

APPLICANT SIGNATURE

DATE

REVIEWER SIGNATURE

DATE

PLEASE CONTACT THE ENGINEERING DEPARTMENT AT (859) 744-7017 WITH QUESTIONS.