

**ELK RIDGE CITY
EXCAVATION PERMIT**

Date: _____
Name of Firm: _____
Contractor License Number: _____
Location of Proposed Excavation: _____

Type of Excavation Project:
_____ Sewer Lateral _____ Other Utility _____
_____ Water Lateral _____ Other _____

Nature of restoration required (Check all that apply):
_____ 6" Compacted Roadbase (95% of Max. Density)
_____ 12" Compacted Sub-base (95% of Max. Density)
_____ Roadbase shoulder (90% of Max. Density)
_____ Curb & Gutter Replacement
_____ 2 1/2 " Asphalt Replacement
_____ Tack Coat
_____ Ditch Restoration
_____ Saw Cut Existing Asphalt
_____ Drainage Requirements _____
_____ Other _____
_____ Traffic Control in accordance with MUTCD

Non Refundable Permit Fee \$ 100 _____

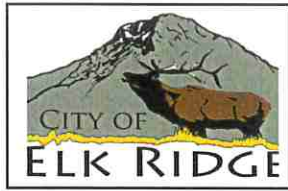
Authorized By: _____
Elk Ridge City

This Excavation Permit is issued under authorization of Elk Ridge City. In obtaining and effecting this permit for the above described excavation project, I certify that I will observe and comply with the following:

1. Comply with all City Ordinances.
2. Notify City Office 24 hours in advance of any trenching or backfilling.
3. Assume liability for a two-year period for settlement and durability.
4. Backfill and/or replace asphalt within a 48-hour period.
5. Inspection on the actual lines is required, as well as a Compaction Test with an approval of 95%.
6. Test results must be approved by Mayor or his/her designee.
7. Inspection and Engineering to be paid by the permit holder.
8. Certificate of Insurance: minimum of \$1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage and not less than \$1,000,000 in the aggregate. 30 day cancellation notice.
9. Post \$1000 cash bond with Elk Ridge City

Applicant: _____

Date: _____



80 East Park Drive Elk Ridge, UT 84651
tel. 801/423-2300 | web elkridgecity.org | web staff@elkridgecity.org

Public Works Department Road Closure Request Form

The following documents are required to accompany all applications for road closure:

- 1. Map** clearly showing the following:
 - a.** Address, street names, intersections and/or other location information affected by closure.
- 2. A traffic control plan** It can be hand drawn or professionally designed but it must conform to the current “Manual of Uniform Traffic Control Devices for Streets and Highways”. The plan must be implemented and have all traffic control devices and/or flaggers in place prior to the start of any work each day of the closure.

Road closure requests must be submitted for approval a minimum of three (3) business days in advance, not including the day of requested closure Monday through Thursday 9:00 am to 4:00 pm and Friday 9:00 am to 1:00 pm. Longer lead times are appreciated when possible.

Applicant:

Name: _____

Company Name: _____

Address of Applicant: _____

Email Address: _____

Telephone Number: _____ Date of Application: _____

Detailed Closure Description:

Location of Closure:

Dates of Requested Closure: _____

Beginning and Ending Time of Closure: _____

Reason for Closure:

Supervisor at Work Site: _____

Cell Number: _____

Additional Remarks:

Emergency Vehicle Access MUST be Maintained Through Entire Road Closure at all Times

*By signing applicant agrees that all rules, requirements and regulations will be followed.
Applicant can submit this form along with all required documents to davidj@elkridgecity.org or in person at 80 East Park Drive in Elk Ridge (city office).*

Signature of Applicant: _____ Date: _____

Please Print Name: _____ Title: _____