



PERMIT NO. SAR-STX-_____ - _____.
DATE APPROVED BY CITY _____.

EXCAVATION/ ENCROCHMENT PERMIT

Application Date: _____ Permit Activation Date: _____ Time: _____

Work Location (attach plan sketch): _____

Purpose/Method of Cut: _____

Pavement Type: _____ Approx Cut Size: Length ____ Width ____ Depth ____

Responsible Party: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone #(day): _____ Fax #: _____

Contractor: _____ State License #: _____

Project Foreman: _____ Phone #:(____) _____

Contract Start Date: _____ Time: _____ Proposed Completion Date: _____

READ THE FOLLOWING AND ATTACH REQUIRED DOCUMENTS

Provide a **\$500 one-year Performance and Warranty Bond**. The Performance and Warranty Bond shall be refunded at the end of the one year period (beginning upon completion date) upon written request received by the City. All **disturbed areas must be re-landscaped, per city standards and specifications. Pay all engineering, inspections, and other fees specified by City ordinances and fee schedule.**

- | | |
|---|--------------------|
| <input type="checkbox"/> \$200 for all roads over 3-years old | Approved by: _____ |
| <input type="checkbox"/> \$800 for all roads under 3-years old | Approved by: _____ |
| <input type="checkbox"/> No fees needed, road cut associated with bonded subdivision improvements | Approved by: _____ |
| <input type="checkbox"/> No fees needed, franchise agreement | Approved by: _____ |

NOTE: Applications will be subject to a **five (5) day** waiting period after the application has been submitted and signed by the applicant.

- Submittal proof of insurance is required.
- The applicant must notify the following **parties twenty-four (24) hours**, in advance, before any work is started:

- City Engineering Inspector or Public Works Director 801-766-9793
- Alpine School District 801-756-8400

- Saratoga Springs Fire Department 801-766-6505
- Saratoga Spring Police Department 801-766-6503
- Police Dispatch 801-851-4100
- All signage shall be in accordance with the Manual on Uniform Traffic Control Devices (MUTCD) and a traffic control plan must be attached adhering to MUTCD standards.

On the reverse side of this form or on an attached sheet, furnish a plat map or sketch showing location of the excavation, its depth, width and length, edge of asphalt, centerline of street, north arrow, and scale of drawing.

Applicant is **required** to consult utility companies operating in this area before making any excavation and must call **Blue Stakes 1-800-662-4111**. In granting this permit, City of Saratoga Springs makes no representation as to the location of utility facilities in the area to be excavated or the effect of the permitted excavation on said utilities.

In consideration for the granting of an excavation permit by the City of Saratoga Springs, the above-named applicant hereby promises (1) to perform the excavation applied for in a professional manner and in conformity with ordinances of the City of Saratoga Springs; and (2) to save harmless the City of Saratoga Springs, its officers, agents, employees or servants from any and all costs, damages and liabilities that which may accrue or be claimed to accrue by reason of any work performed under a permit issued pursuant to this application.

Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

- Fee Received: Amount \$ _____ Receipt No. _____ By: _____
- Bond Verified: Amount \$ _____ Receipt No. _____ By: _____
- No Fees or Bond Needed

- Proof of Insurance Received (attached or filed) Approved by: _____
- Traffic Control Plan Approved (needs to be attached) Approved by: _____
- Project plans to Engineering Director Approved by: _____

Inspector Assigned: _____ **Phone:** _____

Permit Approved by: _____ **Date:** _____

Engineering Director Approval: _____ **Date:** _____

Inspections Done After 1 Year of Completion

- Patch Inspection Completed: By: _____ Date: _____
- Bond Release Issued Date: By: _____ Date: _____