



CITY OF  
SARATOGA SPRINGS

**EXCAVATION / ENCROACHMENT PERMIT**

**Engineering Department  
213 North 900 East  
Saratoga Springs, UT 84045  
Phone: (801) 766-6506  
Fax: (801) 766-9872**

**Name of Grantee:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Office Phone:** (    ) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

**Contracting Company:** \_\_\_\_\_ **State License Number:** \_\_\_\_\_

**Name of Project Foreman:** \_\_\_\_\_

**Foreman's Email:** \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

**Office Phone:** (    ) \_\_\_\_\_ **Cell Phone:** (    ) \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Purpose of Excavation:** \_\_\_\_\_

**Method of Excavation:** \_\_\_\_\_

**Proposed Construction Start Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Estimated Completion Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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**CITY OFFICE USE ONLY**

**Application Date:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

**Permit #** \_\_\_\_\_ **By:** \_\_\_\_\_

With this application and signed agreement, **furnish a plat map or sketch** showing location of the excavation, with the edge of asphalt, centerline of street, north arrow, and scale of drawing.

A **minimum bond amount of \$500.00** will be assessed, for additional information on the bond please see section nine of the following excavation/encroachment agreement. Please use the calculations template below to figure the required bond.

		<u>Total Quantity</u>	<u>Total Cost</u>	
<b>Pavement Type:</b>				
3" Asphalt w/ 6" UBC road base	SF		\$3.17	\$

<b>Concrete:</b>				
24" curb and gutter w/6" UBC road base	LF		\$23.00	\$
5" sidewalk w/ 6" UBC road base	SF		\$5.50	\$

<b>Soft Surface Type (Shouldering):</b>				
UBC road base	SF		\$1.15	\$

<b>Landscaping Type:</b>				
Turf/ Irrigation	SF		\$1.73	\$
Native	SF		\$1.15	\$

**TOTAL BOND AMOUNT (total for all encroachments, if more than one cut):**           \$ \_\_\_\_\_

**\*\* N O T E \*\***

**GRANTEE MUST NOTIFY THE ASSIGNED INSPECTOR 24 HOURS IN ADVANCE BEFORE ANY WORK CAN PROCEED. CONTRACTOR SHALL HAVE THIS APPROVED PERMIT ON JOB SITE AT ALL TIMES. FAILURE TO DO SO MAY RESULT IN A CITATION.**

To activate permit contact The Engineering Department, Phone: (801) 766-6506 or Fax: (801) 766-9872  
**Special Conditions / Instructions:**

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

- Submittal of **proof of insurance** and bond is required.
- The Grantee must **notify the following parties twenty-four (24) hours**, in advance, before any work is started:
  - City Engineering Inspector or Public Works Directors 801-766-6506
  - Alpine School District 801-610-8850 (Michelle Gray: Ext. 306 or [mgray@alpinedistrict.org](mailto:mgray@alpinedistrict.org) and Derek Farnes Ext.111 or [derek@alpinedistrict.org](mailto:derek@alpinedistrict.org) )
  - Saratoga Springs Fire Department 801-766-6505
  - Saratoga Spring Police Department 801-766-6503
  - Utah Valley Police Dispatch 801-794-3970
  - Republic Services 801-785-5935
- 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.

Grantee 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.

Grantee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CITY OFFICE 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 Received (must be attached) \*Approved by: \_\_\_\_\_
- Project plans to Engineering Approved by: \_\_\_\_\_

**Inspector Assigned:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**\*Permit Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*By approving the attached traffic control plan, the City does not accept liability for its compliance to MUTCD standards.

**Inspections Done After 1 Year of Completion**

- Patch Inspection Completed: By: \_\_\_\_\_ Date: \_\_\_\_\_
- Bond Release Issued Date: By: \_\_\_\_\_ Date: \_\_\_\_\_