

# PAVING CUT APPLICATION FORM

CONTRACTOR CONTACT INFORMATION		
FIRM: _____		
NAME: _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
BUSINESS PHO (     ) _____	MOBILE: (     ) _____	
E-MAIL ADDRESS _____		
UTILITY CONTACT INFORMATION		
UTILITY COMPAN _____		
CONTACT NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
BUSINESS PHO (     ) _____	MOBILE: (     ) _____	
E-MAIL ADDRESS _____		
JOB INFORMATION		
FOREMAN ON SITE _____	MOBILE: (     ) _____	
WORK LOCATION _____		
WORK DESCRIPTION _____		
BARRICADE COMPANY _____		
START DATE _____	END DATE: _____	
DIG TEST NUMBER _____		
ATTACHEMENTS REQUIRED:	INSPECTION TYPE:	
PROPOSED EXCAVATION DRAWING APPROVED TRAFFIC CONTROL PERMIT BOND CERTIFICATE OF INSURANCE	ASPHALT REPAIRS:  BACK FILL 2-	CONCRETE REPAIRS:  SIDEWALK CURB & GUTTER DRIVEWAY CONCRETE PAVEMENT
***NOTICE***		
1. INSPECTION REQUEST SHALL BE MADE ON OR BEFORE THE CITY WORK DAY PRIOR TO THE DESIRE INSPECTION. THE DEPARTMENT AT (916) 650-1122. INSPECTION WILL BE MADE SUBJECT TO THE AVAILABILITY OF THE CITY INSPECTORS. 3. A COPY OF APPROVED PAVING CUT PERMIT, TRAFFIC CONTROL PERMIT AND PROPOSED EXCAVATION DRAWING SHALL BE KEPT AT THE PERMIT SITE AND SHOULD BE MADE AVAILABLE TO THE CITY INSPECTOR UPON REQUEST.		

