EXCAVATION PERMIT REQUEST FOR
CORINNE CITY CORPORATION

DATE OF REQUEST: _____ CO. JOB #:_____

COMPANY REQUESTING EXCAVATION
PREMIT:_____

ADDRESS: _____

_____

PHONE NO.: _____ FAX: _____

REQUEST PERMISSION TO DIG AT:_____

DESCRIPTION OF EXCAVATION: _____
****
*
Job start date: _____ Completion date: _____

ASPHALT CUT Length:_____ COPY OF INSURANCE
_____
Width: _____
Depth: _____

DIRT/LAWN CUT Length: _____ COPY OF BOND _____
Width: _____
Depth: _____

CONCRETE: Length: _____
Width: _____
Depth: _____
****
*

****CALL BLUE STAKES 48 HOURS BEFORE DIGGING****
1-800-662-4111

Applicant:_____ Date:_____

Permission granted by: _____ Date:
_____

Received by: _____ Date: _____

PERMIT NUMBER: _____

***an inspector may be needed and inspections of all exposed utilities by Corinne City is required.**