

ALTOONA EXCAVATION PERMIT APPLICATION FORM

REFERENCE #:

APPLICANT:

PHONE:

FAX:

ADDRESS:

PROPOSED REQUEST:

CONTACT PERSON/AUTHORIZED REPRESENTATIVE:

ADDRESS:

PHONE:

FAX:

CONTRACTOR:

STATE CONTRACTORS LICENSE #

PHONE

FAX:

ADDRESS:

OTHER:

PHONE:

FAX:

ADDRESS:

PROJECT INFORMATION:

LEGAL DESCRIPTION: (Please attach)

PROJECT/ PROPERTY ADDRESS:

CONNECTION TO: GAS ELECTRIC CABLEVISION PHONE FIBEROPTIC
 SANITARY STORM GEOTHERMAL OTHER _____ (SPECIFY)

DATE OF COMMENCEMENT:

ESTIMATED COMPLETION DATE:

REQUIRED ATTACHMENTS

_____ Statement of Purpose/ Description of Project (Please attach)

_____ Complete Construction Drawings including Horizontal and Vertical alignment with other utilities shown and adjoining property lines. Certified and stamped by an Iowa licensed professional engineer (Please attach with completed application)

_____ Bond/ Insurance Certificate Naming Altoona as an indemnitee or insured

_____ Permit Fee of \$10.00

_____ Other

Applicant agrees to abide by all provisions of the Altoona Code of Ordinances applicable to this project, including specifically those ordinances applicable to construction and right of way excavations. The undersigned certifies under penalty of perjury, pursuant to the laws of the State of Iowa and on behalf of the Applicant that he/she has authority to act on behalf of the Applicant and the statements contained herein, and the attachments hereto, are true, accurate, and correct.

Applicant: _____,

By Authorized Representative: _____, Date _____

Print Name: _____

CITY USE ONLY Date Submitted: _____ Received by: _____

Approval granted by: _____ ***SEE BACK FOR COMMENTS***

