



Right-Of-Way Excavation Permit

River Heights City Permit No:	Date:
Name of Applicant:	Phone No.
Address:	
Name of Contractor:	License No.
Address:	
Project Supervisor:	Phone No.

Excavation Project:

Purpose: _____

Excavation Size: Width _____ Length _____ Depth _____

Location: Start Address _____

End Address _____

Roadway Excavation: Yes _____ No _____

Start Date: _____ Completion Date: _____

Permit Fee:

\$650 (\$600 may be refunded after City approval of completed work. Roadway excavation requires a minimum of one year warranty after completion date). **Schedule inspection by calling (435) 213-6948.**

Applicants Agreement: The Applicant, successors and assigns, do hereby agree to assume all obligations and responsibilities for any and all liabilities as a result of the excavation.

Applicants Signature: _____

Fee paid: _____ Date: _____ Receipt #: _____

Inspected by: _____ Date: _____

Refund date: _____ Amount: _____ Check #: _____

Final Approval: _____ Date: _____

Comments: