



## 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: