



## EXCAVATION PERMIT APPLICATION

**NOTE:** All paving shall conform to APWA Standards. This application must be completed by a representative of the excavator and received by the Morgan County Engineer at least 48 hours prior to the intended excavation date.

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### EXCAVATION DESCRIPTION:

Approximate Address: \_\_\_\_\_

Purpose: \_\_\_\_\_

Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Depth: \_\_\_\_\_

Dates: Starting: \_\_\_\_\_ Completion: \_\_\_\_\_

**NOTE:** Plans and profile drawings are to be submitted prior to approval of permit for excavation.

### APPLICANT CERTIFICATION:

I certify under penalty of perjury that this application and all information submitted as part of this application is true, complete and accurate to the best of my knowledge. I agree also to comply with any and all applicable codes in effect at this time. Should any of the information or representation submitted in connection with this application be incorrect or untrue, I understand that Morgan County may rescind any approval, or take any other legal or appropriate action. I also agree to allow any appointed agent(s) of the County to enter the subject property, if applicable, to make any necessary inspections thereof.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### TO BE FILLED OUT BY MORGAN COUNTY ENGINEER

Approved       Denied       Approved with Conditions

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Morgan County Engineer

Date

For Office Use Only:		
PERMIT # :	PERMIT FEE: \$50.00	Receipt #:
Application Date:	Approval Date:	(or) Denial Date:

\*\*\*Call 24 hours prior to excavation 801-845-4015\*\*\*