



Street Cut Permit Application

20 North Main Alpine, UT 84004 • (801) 756-6347 • (801) 756-1189-fax • www.alpinecity.org

Date: _____ Application #: _____ Receipt #: _____

Application must be accompanied by a sketch, drawn to scale and including street names, showing the proposed project. (May be drawn on back of application.)

APPLICANT/CONTACT INFORMATION	
Contact Person:	
Company Name:	
Address:	
City:	Zip:
Phone:	Cell:
Email:	Fax:

EXCAVATOR/CONTRACTOR INFORMATION	
Contact Person:	
Company Name:	
Address:	
City:	Zip:
Phone:	Cell:
Email:	Fax:
License No.:	

STREET CUT INFORMATION		
Location of cut:		
Purpose of cut:		
Width	Length	Depth
Approximate Project Start Date:		
Approximate Project End Date:		

TRAFFIC IMPACT
<input type="checkbox"/> Road Closure/Detour
<input type="checkbox"/> Road Closure/One Way Traffic with Flaggers
<input type="checkbox"/> Lane Closure (both directions still open)
<input type="checkbox"/> Sidewalk Closure
<input type="checkbox"/> Shoulder Closure/Lane Shift
<input type="checkbox"/> No Traffic Impact
<input type="checkbox"/> Other: _____

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I am either the owner of the property described above or I represent the owner or excavator/contractor as signified above and am acting with the owner/contractor's full knowledge and consent.

Name (print): _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY
Excavator bonded with City: Y / N
Age of surface: More than 3 years / 3 years or less
Fee Calculation:

Approved by

City Engineer Date

Public Works Director Date