Job No.		



## Salt Lake County Excavation Permit Application

Email: PWPermits@slco.org

Tel: (385)468-6600 Fax: (385)468-6603

Please complete this form and email or fax to the Engineering Division for review/approval.

Contractor / Utility Con	npany:		
·			
Office Contact:		Phone:	
Email:			
On-Site Name:		Number:	
Location of Excavation	within Right-of-Way:		
House Address	Street Name		Street Coordinate
Description of work:			
Traffic Control?:	Yes (TCP Submittal Rec	<u>q.)</u> <u>No</u>	
Cut Type:	Asphalt/Concrete	Dirt/Should	er/Grass
Total Cut Dimensions:	(TOTAL SURFACE AREA II	MPACTED BY EX	CAVATION, NOT LENGTH OF PRODUCT.)
(If product is in excess of	f 100 linear feet, a license	agreement ma	y be required.)
	ft. x		_ ft.
	width NOTICE REQUIRED UNLESS	length	
START:			
CLOSE:			
(72 hrs maximum allowe the Engineering Division		nal time may b	e granted if requested in writing to