| Application Date: _ |  |
|---------------------|--|
|---------------------|--|



## EXCAVATION PERMIT APPLICATION AND AGREEMENT

| PC | SISTREET RATING   | :                                       |  |  |
|----|---|---|--|--|
| 1. | Please provide the following for the applicant or the applicant's agent:  |   |  |  |
|    | Name:   | Name: Address:                          |  |  |
|    | Phone:  | 24 Hour Emergency Phone                 | e: Fax:  |  |
| 2. | Proposed beginning  | ng date of excavation:                  | Ending date:   |  |
| 3. | Provide a schedule for the restoration of the excavation located within portions of the right-of-way:                         |   |  |  |
| 4. | Provide the location, including street address and any cross streets, of the excavation:                                      |   |  |  |
| 5. | Describe the meth   | nod of excavation (attach additional st | heets, if necessary):                                    |  |
| 6. | To what extent will this excavation interfere with the normal flow of traffic on adjacent streets, sidewalks or public ways?: |   |  |  |
| 7. | •   |   | ty? (Applicants must follow the <i>Manual on Uniform</i> |  |

If a road closure is required, you must notify the Blanco County Dispatch Center at (830) 868-0995.

- 8. Please attach the following items:
  - a. Proof of insurance and performance assurance bond.
  - b. Proof that the owner has a franchise, consent, license, or other legal right to install facilities in the right-of-way if the proposed activity involves the installation of a facility.
  - c. Proof that the applicant is a registered excavator.
  - d. Signed statement that the applicant has complied with applicable State and Federal laws and regulations.
  - e. A dimensioned sketch of all work in the right of way, including the location of the excavation, its depth, width, and length, edge of asphalt, centerline of street, and north arrow.

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- f. Payment of the application fee (refer to the City's fee schedule). Unless exempt, all fees must be collected at the time of the application.
- g. Tree survey.

## NOTE:

The applicant is required to consult all utility companies operating in this area before marking and excavating. In granting this permit, the City of Johnson City makes no representation as to the location of utility facilities in the area to be excavated or the effect of the permitted excavation on said utilities.

In consideration for the granting of an excavation permit by the City of Johnson City, the above-named applicant hereby promises:

- To perform the excavation applied for in a professional manner and in conformity with ordinances of the City of Johnson City Code of Ordinances.
- To save harmless the City of Johnson City, its officers, agents, employees, or servants from any and all costs, damages, and liabilities which may accrue or be claimed to accrue by reason of any work performed under a permit issued pursuant to this application.

| Signature of Applicant  | Date  |  |
|---|---|--|
| Permission is hereby granted for the above-nam application and as amended below:                        | ed applicant to excavate, as described in the above   |  |
| Note: Applicants must schedule inspections immed<br>Development Services Office within one (1) business | diately after final excavation takes place and contact the day following the completion of excavation work. |  |
| Ву:   |   |  |
| Engineering Inspector   | Date  |  |
|   |   |  |
| Ву:   |   |  |
| Chief Administrative Officer  | Date  |  |
|   |   |  |
| Ву:   |   |  |
| Permitting Department   | Date  |  |
|   |   |  |
|   | Office Use Only:  |  |
|   | <u>=,</u> .   |  |
|   |   |  |
|   |   |  |

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