

APPLICATION FOR EXCAVATION PERMIT

City of Cedar Falls, Iowa

Phone: (319)268-5161 • Fax: (319)268-5197

Date of Application: _____

Permit Number: _____

Contractor: _____

Contractor's Phone #: _____

Project Address: _____

Owner's Name: _____

New Repair Replace Remove

Commercial Residential

Project Description: _____

EXCAVATION INFORMATION



The following **must** be completed:

PURPOSE OF EXCAVATION:

Utilities

Sanitary

Sump Pump Tap

Other

Construction Value: _____

Sidewalk Closed

YES / NO

Total Project Area (ft²) _____

Number of Sidewalk Panels _____

Street Closed YES / NO

Work Begin Date _____

Street Cut Area (ft²) _____

Work End Date _____

This work is to be done under the provisions of the ordinances of the City of Cedar Falls and the Undersigned agrees to comply with all of their requirements.

Signature of Applicant: _____

A PERMIT MUST BE ISSUED PRIOR TO COMMENCEMENT OF WORK

PLEASE CALL 268-5161 FOR INSPECTION

ON ANY STREET WORK