



# Street Cut Permit Application

20 North Main Alpine, UT 84004 • 801-756-6347 (Phone) • 801-756-1189 (Fax) • [www.alpinecity.org](http://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:

STREET CUT INFORMATION
Address:
Type: Trenchless / Open Cut
Dimension: _____(W) x _____(L) x _____(D)
Square Feet of pavement to be disturbed:
Purpose:
Project Start Date:
Project End Date:

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

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.

**Contact Shane Sorensen at 801-420-2962 the day you plan to begin work on the street cut (you must contact him prior to starting any work). If Shane is unavailable, contact Landon Wallace at 801-4203126.**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR CITY 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/Public Works Director

\_\_\_\_\_  
Date