

Sully Excavation Permit Application for Right of Way Work

City: _____

Date of Application: _____

APPLICANT INFORMATION

Applicant Name: _____ Applicant Phone: _____ Applicant FAX: _____

Applicant Address: _____ Applicant Email: _____

FACILITY OWNER INFORMATION Check if same as applicant

Facility Owner Name: _____ Facility Owner Phone: _____

Facility Owner Address: _____ Facility Owner Email: _____

CONTRACTOR INFORMATION

Contractor (Person performing the work): _____ License Number: _____

Contractor Address: _____ Contractor Phone: _____

Contractor Email: _____

Person in Charge of Job (name): _____ 24 hr Phone #: _____

Does the contractor have a bond on file with the city? Yes No If no please attach copy

PROJECT INFORMATION

WORK ORDER # _____

Construction Type: Sewer Pavement Gas Water Telecommunications Electric
 Trees Sidewalks Driveway Approach Other _____

Description of work to be performed:

Start Date: _____

Approximate Completion Date: _____

REQUIRED ATTACHMENTS

- Certificate of Liability Insurance
- Construction Documents i.e. drawings, traffic control, GIS Plans, etc
- Please check the city code for comprehensive list of required attachments
- Payment

INDEMNIFICATION: Please read the city code for indemnification requirements - <http://www.sully.ia.com>

I have read, agreed and completed the indemnification requirements.

24 HR Notification required before starting work-please call permitting jurisdiction at (641) 594-3734

Contractor Signature: _____ Date: _____

Facility Owner Signature: _____ Date: _____

CITY USE ONLY:

Date approved: _____

Permit # (if applicable) _____

Permit Approved By: _____

Date Payment Received: _____ By: _____

Form of Payment Cash Check

Permit Fee \$25

Permit Valid Until _____

Remarks:

