



# Excavation Permit Application

Permit # \_\_\_\_\_

Application Date: \_\_\_\_\_

<b>Applicant</b>	Name:	_____		
	Address:	_____		
	City:	_____	State:	_____ Zip Code
	Phone:	_____	Fax Number:	_____ Email:

<b>Contractor</b>	Name:	_____		
	Address:	_____		
	City:	_____	State:	_____ Zip Code
	Phone:	_____	Fax Number:	_____ Email:

Purpose of Excavation: \_\_\_\_\_  
 Dimension of Cut: \_\_\_\_\_  
 Estimated Start Date: \_\_\_\_\_  
 Estimated Completion Date: \_\_\_\_\_

The planned excavation will occur on \_\_\_\_\_ side of \_\_\_\_\_  
 Street/Avenue/Alley, between \_\_\_\_\_ and \_\_\_\_\_  
 \_\_\_\_\_ adjoining House Number \_\_\_\_\_

This application shall be accompanied by the following:

- a) Required Permit and Fee
- b) A site plan which clearly shows where the right-of-way work will occur
- c) Additional documentation as the City may require

<b>Fees:</b>	Excavation Permit	\$100
	Inspection:	Per Chapter 1020 Appendix A

**CITY MUST RECEIVE 24 HRS NOTICE BEFORE START OF DIGGING  
 PLEASE CALL 724-983-3220 OR 724-983-1322 WITH ANY QUESTIONS**

By signing and submitting this application, I acknowledge that I have read and agree to comply with Chapter 1020 of the City of Sharon Codified Ordinances. I also acknowledge that the work is subject to inspection at all times.

Signed: \_\_\_\_\_

City Manager Approval: \_\_\_\_\_