

FREMONT COUNTY DEPARTMENT OF TRANSPORTATION
STREET CUT PERMIT

PERMIT # _____ INSURANCE POLICY # _____ PERMIT BOND # _____

APPLICANT: _____

CONTRACTOR NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

EXCAVATION LOCATION: _____

SURFACE TYPE: _____

PURPOSE OF EXCAVATION: _____

TRAFFIC PLAN: _____

COMMENCEMENT DATE: _____ COMPLETION DATE: _____

MATERIAL SOURCE: _____

EST. LENGTH: _____ FT / WIDTH _____ / DEPTH _____

EXCAVATION SKETCH

IN ACCEPTING THIS PERMIT THE UNDERSIGNED, REPRESENTING THE PERMITTEE, VERIFIES THAT HE/SHE HAS READ AND UNDERSTANDS ALL APPLICABLE RESOLUTIONS, ORDINANCES, RULES AND REGULATIONS; THAT HE/SHE HAS THE AUTHORITY TO SIGN FOR AND BIND THE PERMITTEE, THAT THE PERMITTEE IS BONDED AND INSURED WITH FREMONT COUNTY. BY VIRTUE OF SIGNATURE IS BOUND BY ALL THE CONDITIONS APPLICABLE.

PERMIT IS VALID FOR 30 DAYS

SIGNATURE

DATE

DEPT OF TRANSPORTATION REPRESENTATIVE

DATE

PERMIT FEE \$ _____
PENALTY FEE \$ _____
TOTAL FEE \$ _____

JOB NUMBER _____
CASH _____ CHECK _____
BILL _____ DATE _____

FAX BACK TO: 719-275-2120