

FREMONT COUNTY
STREET CUT PERMIT

INSURANCE POLICY # _____

PERMIT BOND # _____

PERMIT # _____

APPLICANT: _____

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 VALID 30 DAYS

SIGNATURE

DATE

ROAD & BRIDGE REPRESENTATIVE

DATE

PERMIT FEE \$ _____

PENALTY FEE \$ _____

TOTAL FEE \$ _____

JOB NUMBER _____

CASH _____ CHECK _____

BILL _____ DATE _____