



**City of South Bend Public Works**  
 Engineering Division  
 227 W. Jefferson, County City Building 1316  
 South Bend, IN 46601-1830

**Phone:** 574.235.9251

**Email:** dhanson@southbendin.gov

## ***EXCAVATION PERMIT REQUEST***

Date Submitted: \_\_\_\_\_

**Instructions:** 1) Print Clearly 2) Complete All Sections

**Submit:** 1) This Form In Person 2) Or Email To: [dhanson@southbendin.gov](mailto:dhanson@southbendin.gov)

3) Upon Permit approval: Sign issued permit and Return

\*\*Contractor is responsible for associating their company Project # with CSB Permit # for invoicing\*\*

### ***Incomplete Submittals Cannot Be Processed***

Applicant \_\_\_\_\_  
 (Contractor/Company Name)

Contact Name Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address | Location of Work \_\_\_\_\_

**Type of Work**      Cable      Electric      Fiber      Gas      Manhole repair  
                                  Sanitary Sewer      Water      Other \_\_\_\_\_

**Type of Cut**      \_\_\_\_\_ # Cuts      Boring      Trenching (open) \_\_\_\_\_ # Feet

**Cut Location**      ***In Street***      ***Outside curb, but in treelawn/sidewalk Right of Way***

Comments | Description of Work      Date | Duration of project \_\_\_\_\_ (eg: 2/1/18, 2 hrs)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

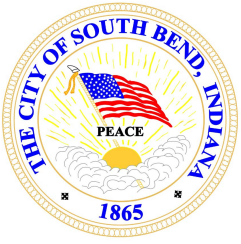
**Excavation in ROW without a permit will result in stop work order and/or delays in permitting.**

**Emergency excavations must be phoned into the Permit Office no later than NOON the following day.**

**THIS EXCAVATION PERMIT REQUEST IS NON-TRANSFERABLE AND A SIGNATURE SUBJECTS THE NAMED CONTRACTOR/PERMITTEE TO ALL APPLICABLE RULES, DUTIES AND OBLIGATIONS IMPOSED BY THE CITY OF SOUTH BEND MUNICIPAL CODE AND TO ALL REGULATIONS IMPOSED BY THE SOUTH BEND BOARD OF PUBLIC WORKS.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_





# EXCAVATION PERMIT REQUEST

## List All Other Contractors

1<sup>st</sup> Subcontractor \_\_\_\_\_  
(Contractor/Company Name)

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

2<sup>nd</sup> Subcontractor \_\_\_\_\_  
(Contractor/Company Name)

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

3<sup>rd</sup> Subcontractor \_\_\_\_\_  
(Contractor/Company Name)

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

4<sup>th</sup> Subcontractor \_\_\_\_\_  
(Contractor/Company Name)

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_