



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

Phone: 574.235.9254

EXCAVATION PERMIT REQUEST

Date Submitted: _____

Instructions: 1) Print Clearly 2) Complete All Sections

Submit: 1) This Form In Person 2) Or Email To: rowpermitsoffice@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 _____

<u>Type of Work</u>	<i>Cable</i>	<i>Electric</i>	<i>Fiber</i>	<i>Gas</i>	<i>Manhole repair</i>
	<i>Sanitary Sewer</i>	<i>Water</i>	<i>Other</i> _____		

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: 1/1/21, 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

1st Subcontractor _____
(Contractor/Company Name)

Contact Name _____

Email _____

Phone Number _____

2nd Subcontractor _____
(Contractor/Company Name)

Contact Name _____

Email _____

Phone Number _____

3rd Subcontractor _____
(Contractor/Company Name)

Contact Name _____

Email _____

Phone Number _____

4th Subcontractor _____
(Contractor/Company Name)

Contact Name _____

Email _____

Phone Number _____