



EXCAVATION PERMIT REQUEST
City of South Bend – Division of Engineering
227 W Jefferson Boulevard, Ste 1316
South Bend, IN 46601

APPLICANT INFORMATION

Name of Contractor/Company: _____

Phone: _____ Email Address: _____

PROJECT INFORMATION

Date of Work (mm/dd/yyyy): ____/____/20____ to ____/____/20____

Time of Work: _____ to _____

Location of Work Address: _____

Type of Work: Cable Electric Fiber Gas Manhole repair
 Sanitary Sewer Water Other _____

Type of Cut: Number of Cuts _____ Boring Trenching _____

Cut Location: In Street Tree lawn/sidewalk right-of-way

Description of Work: _____

Excavation in right-of-way **WITHOUT** a permit will result in a stop work order and/or delays in permitting. Emergency excavations must be called into the Permits Office at 574.235.9254 no later than noon the following day.

This excavation permit request is non-transferrable. 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 City of South Bend's Board of Public Works.

Signature of Applicant: _____ Date: _____

Completed application should be dropped off to the City's Engineering Office or emailed to rowpermitoffice@southbendin.gov. For questions, contact Liz Horvath at 574.235.9254.

OFFICE USE ONLY:

Date Received:

Fee Paid:

Approval Date:

EXCAVATION PERMIT REQUEST (continued)

LIST ALL OTHER CONTRACTORS

First Subcontractor

Name of Subcontractor/Company: _____

Name of Contact: _____

Phone: _____ Email Address: _____

Second Subcontractor

Name of Subcontractor/Company: _____

Name of Contact: _____

Phone: _____ Email Address: _____

Third Contractor

Name of Subcontractor/Company: _____

Name of Contact: _____

Phone: _____ Email Address: _____