Permit No._____

Job No._____

Salt Lake County Excavation Permit Application

Email: mmccabe@slco.org
Ph: 385.468.6600
Fax: 385.468.6603

Please complete this form and email or fax to the Engineering Division for review/approval.

Contractor / Utility Company:_____

Office Contact:_____ Phone:_____

Email:_____

On-Site Foreman Contact:_____

Location of Excavation within Right-of-Way:

_____ _____ _____

House Address | Street Name | Street Coordinate

Description of work:_____

_____

_____

*Cut Type: ☐ Asphalt/Concrete ☐ Dirt/Shoulder/Grass

*Cut Dimensions: (if in excess of 100 linear ft. a license agreement may be required)

_____ ft. x _____ ft.

width length

Proposed Dates: (48 hrs notice required)

START:_____

CLOSE:_____

(72 hrs maximum allowed on one permit. Additional time may be granted if requested in writing to the Engineering Division.)