



Permit 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: _____

Contact: _____ **Phone:** _____

Email: _____

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)

Office Use Only

Pending: Bond Insurance Payment \$ _____

Received: _____