



**Salt Lake County
Excavation Permit Application**

Email: nholmes@slco.org

Ph: 385.468.6600

Fax: 385.468.6603

Please fill out this form and email/fax to the Engineering Division for review/approval.

Contractor / Utility Company: _____

Contact: _____ **Phone No.:** _____

Email: _____

Location of Excavation within Right-of-Way:

House Address

Street Name

Street Coordinate

Description of work: _____

***Cut Type:**

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

TRAFFIC CONTROL PLAN SUBMITTED: YES / NO

APPROVED: YES / NO

PAYMENT: cash / check # _____

Additional Information Needed: _____

Approved by: _____

Date: _____