



APPLICATION FOR ROW STREET EXCAVATION

Permit Fee: (See current Fee & Deposit Schedule)

Date Submitted: _____

Date Received: _____

 Project/Company Title

OWNER(S) INFORMATION:		CONTRACTOR INFORMATION:	
_____ Owner(s) Name		_____ Company Name	
_____ Printed Name/Title Local Contact		_____ Printed Name/Title Onsite Contact	
_____ Mailing Address		_____ Mailing Address	
_____ City / State / Zip		_____ City / State / Zip	
_____ Office #	_____ Cell #	_____ Office #	_____ Cell #
_____ Email Address		_____ Email Address	

PLEASE PROVIDE SKETCH DIAGRAM OF WORK AREA ON AN 8.5" x 11" SHEET

*Include road closures, reroutes, signage, barriers, etc.

Description of work: _____

Number of Holes: _____ Length(s) of Bore(s): _____

Will any portion of the excavation be in street hard surface or gravel pavement? _____

Width and length of surface cut(s): _____

Anticipated schedule: Start Date: _____

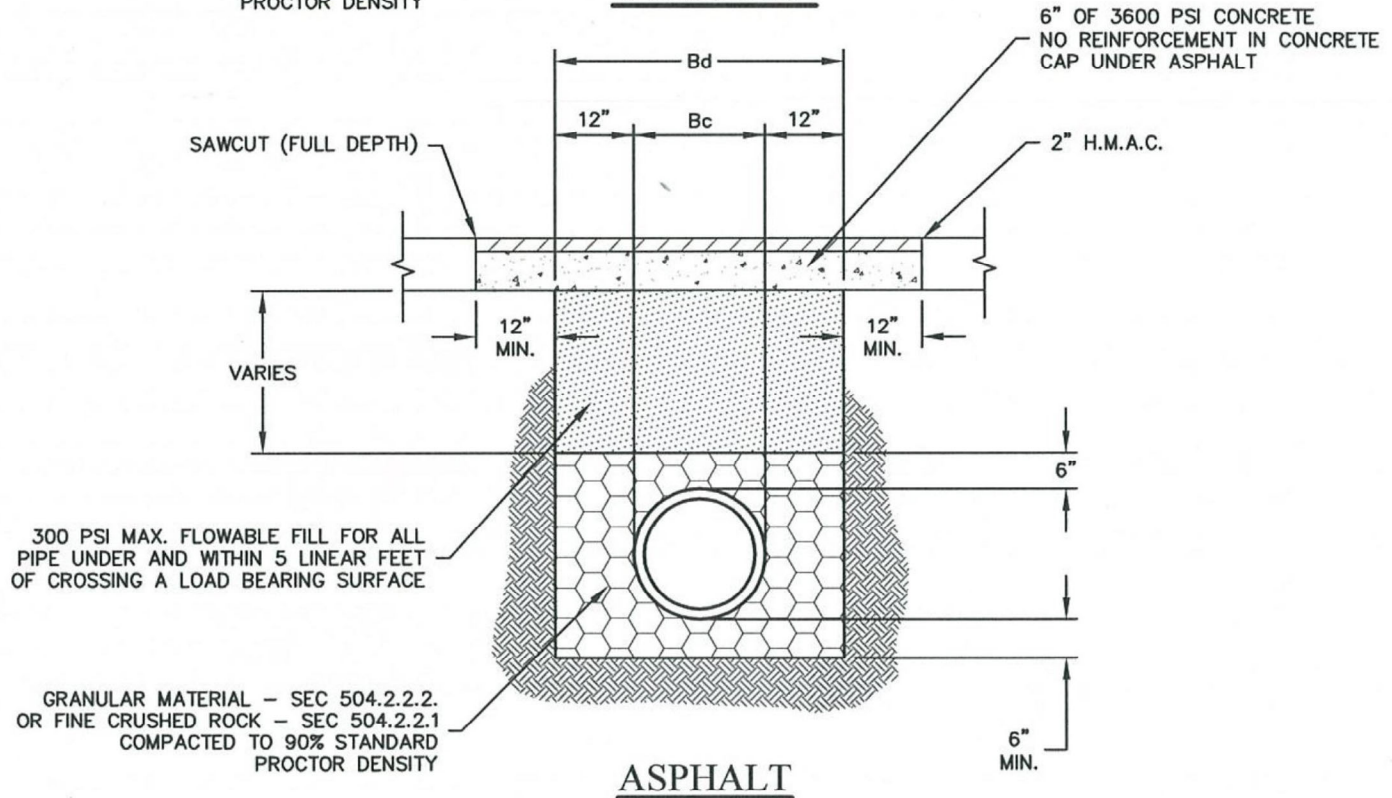
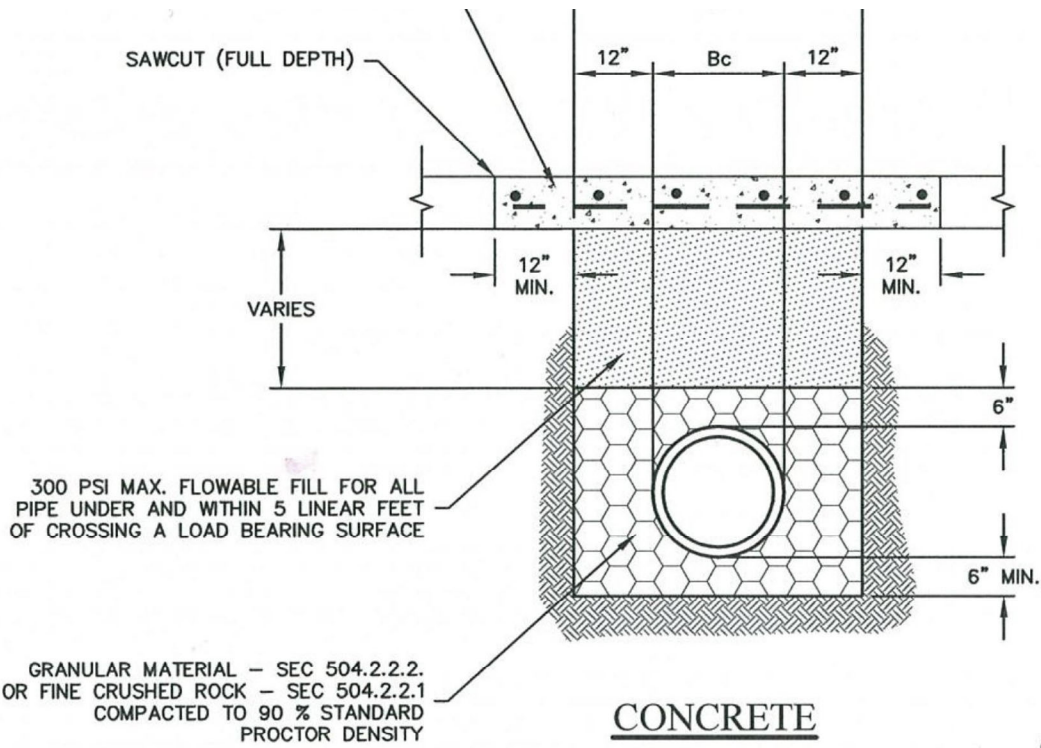
Completion Date: _____

I, _____ (name), certify that I have read, have understood and will comply with the City of Cameron, Missouri Code of Ordinances. I also understand this application may be approved or denied based upon current regulations, submission of required information and payment of permit fees and deposits.

 Signature of applicant

 Date

Please submit this application with attachments (work zone location sketch, Certificate of insurance, permit fee and restoration deposit) at least 10 business days prior to the anticipated construction date.



GENERAL NOTES:

1. Bc = OUTSIDE DIAMETER OF PIPE.
2. Bd = TRENCH WIDTH
3. MATCH EXISTING CONCRETE PAVEMENT WITH A MINIMUM 6" OF 3600 PSI, REINFORCED WITH EITHER #3 BARS @ 12" O.C.E.W. OR #4 BARS @ 18" O.C.E.W. AND DOWELED INTO EXISTING CONCRETE AT 24" O.C.
4. IF EXISTING PAVEMENT IS REINFORCED, EXISTING BARS REMAINING MAY BE USED IN PLACE OF DOWELS.
5. COARSE CRUSHED ROCK PIPE EMBEDMENT MUST BE USED WHEN GROUND WATER IS ENCOUNTERED IN THE TRENCH.

CONCRETE / ASPHALT PAVEMENT
UTILITY CUT REPAIR