



Excavation / Encroachment Permit

Applicant Name: _____ Applicant Phone: _____

Address: _____ Email: _____

Location of Work: _____

Detailed Description of Work: _____

Commencement Date: _____ Anticipated Completion Date: _____

Total Sq Foot of Excavation: _____ Will Work Impede Traffic? _____

AGREEMENT:

1. Applicant agrees to notify the Public Works Director 24 hours prior to any commencement of work, and to comply with all conditions of Monticello City Code 7-3 (excavations).
2. All applicable applications must be filled out and signed by Monticello City personnel prior to any commencement of work.
3. Applicant must provide an illustration of excavated area including measurements of area to be excavated.
4. Applicant is responsible for setting up signage if work requires a road closure and must notify the Public Works Director the morning of closure. (Signage can be requested from the Public Works Director.)
5. Applicant is responsible for slurry filling entire excavated area unless otherwise noted by Public Works Director.
6. Applicant must ensure that the right-of-way is cleared of all byproducts of the street cut and is responsible for the disposal of any site refuse immediately following completion of work.
7. No excavation may be performed in the Monticello City rights-of-way beyond the area stipulated on this permit.
8. Applicant must provide detailed information of work completed including pictures.
9. Failure to comply with city regulations, specifications, or instructions pertinent to this permit will result in suspension of all or part of excavation work which may not be resumed until satisfactory correction action has been taken. Additionally, applicant is responsible all expenses incurred by the City to remedy the situation.

Illustration of work:

Application cost is \$25.00 & Asphalt \$200 Minimum + \$5.00 per square foot of asphalt removed.

Applicant Signature: _____ Date: _____

Public Works Notes:

Public Works Signature: _____ Date: _____

Administrative:

Date Received: _____ Individual Processing Application: _____

Application cost is \$25.00 & Asphalt \$200 Minimum + \$5.00 per square foot of asphalt removed.

Total Amount due: _____ Date Paid: _____

I attest that the total amount due was paid in full and the applicant was notified of any special requirements or notes made by the Public Works Director:

Signature: _____ Date: _____