

EXCAVATION

Permit Application:

**City of Auburn,
Department of
Building, Planning & Development**

210 South Cedar Street, P.O. Box 506
Auburn, Indiana 46706-0506
Phone: 260-925-6449 Fax: 260-925-8239
E-Mail: bpd@ci.auburn.in.us

Permit # _____	Received By: _____	Date: _____
Street Superintendent's Approval: _____	Date: _____	
\$25 Fee Required: Yes No	Fee Exempt: (1) Work done by or for city, county, state, or federal government	
	(2) Work on sidewalks and driveways that does not include curb and gutter work	
Contractor Insurance Certificate on File: Yes No		
Total Fees: \$25.00	Receipt # _____	Check # _____ Cash: <input type="checkbox"/>
Issued By: _____	Date: _____	

Applicant:	Name: _____ APPLICANT USE: _____ Phone: _____		
	Street: _____		Fax: _____
	City: _____	State: _____	Zip Code: _____ E-Mail: _____
Owner:	Name: _____ Same As Applicant? Yes / No _____ Phone: _____		
	Street: _____		Fax: _____
	City: _____	State: _____	Zip Code: _____ E-Mail: _____
Location:	Address of Construction: _____		
	Lot: _____	Subdivision: _____	Section: _____

Description of Work to be Completed	Additional Information: _____

Concrete Contractor Name	_____
Contact Name & Phone	_____
	Public property to be disturbed (Circle all applicable): Street Alley Sidewalk Parking Curb Paved Gravel Grass
	Electrical Permit Required: Yes No

Estimated: _____	Start Date: _____	Completion Date: _____
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1. The contractor shall provide an insurance certificate showing coverage in the following amounts.
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| (a) General Commercial Liability Coverage | | |
| 1) General aggregate | \$ | 1,000,000 |
| 2) Products - completed operations aggregate | | 500,000 |
| 3) Personal and advertising injury | | 500,000 |
| 4) Each occurrence | | 500,000 |
| 5) Fire damage (any one fire) | | 100,000 |
| 6) Medical expense (any one person) | | 5,000 |
| (b) Automobile Liability | | 100,000 |
| (c) Excess Liability | | Not required |
| (d) Workers Comp and Employer Liability / Exempt Waiver | | Statutory State of Indiana coverage |
2. Locate Underground Utilities - contact the Indiana Underground Plant Protection Service ("Holey Moley") and request to have your underground utilities located for gas service and other utility services along with City of Auburn (sanitary sewer, storm sewer, water services and electric services). Call at least three (3) working days before you begin excavation, trenching, digging, boring, or earth-moving work.

<u>Agency</u>	<u>Phone Number</u>	<u>Date/Time Contacted</u>
City of Auburn Police Department:	333-0702	_____
Indiana Underground Plant Protection Service (other utility locations)	811 or 800-382-5544	_____
DeKalb Central Schools Bus Garage (for any street closing)	260-920-1171	_____

- The contractor shall also be responsible for contacting all other private and governmental companies and agencies that have improvements in the City property where the work will be done.
3. The contractor shall comply with the regulations of the City of Auburn Street Department concerning excavation in public property, including but not limited to:
- (a) Completion of the work within one (1) year after the date on which the permit was issued;
 - (b) Construction barricades shall be placed around the work site at all times;
 - (c) All pavement, sidewalk and curb cuts shall be saw cuts;
 - (d) Backfill of the type and placed in the manner specified by the City's Street Superintendent
 - (e) Not less than two (2) inches of cold mix shall be used as a temporary patch on the day that the work site is closed with backfill;
 - (f) Maintenance of all temporary patches and other work until the work has been accepted by the City's Street Superintendent, and maintenance of permanent repairs for
4. Complete the site plan on back of page, or attach a separate site plan, showing street names, size, and location of the excavation:
5. Contact the Street Department at (260) 925-6455 for inspection requests.

CONTRACTOR'S CERTIFICATION: I certify that: I am the Contractor on the above-described project and property; that I am the owner or the owner's authorized representative; that the information in this Application is true and accurate; and that I have complied with the terms of this Application. I agree to indemnify and hold harmless the City of Auburn and

Signature of Applicant	Printed Name	Date
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