

CITY OF WEST
OKOBOJI

EXCAVATION PERMIT

Excavation Work Conducted on City Streets or City Right of Way

Job Address _____

Owner: _____ Address: _____

City & State _____

Phone# _____

Contractor: _____ Address: _____

City & State: _____

Cell Phone# _____

Description of Work

Excavation for sewer or water _____
Public sidewalk, install or replace _____
Driveway approach, install or replace _____
Other _____

Date work is to commence _____

Will work result instreet closure No __ Yes _ _

The applicant accepts responsibility, assumes all risk, and agrees to indemnify, defend, and hold the City harmless in regard to any and all claims of injury, property damage or any other damage arising from the acts or omissions of the Applicant and/or his/her/its agents/contractors/subcontractors, while acting under the authority of this permit.

Applicant agrees to comply with the provisions of Chapter 135 including section 135.09 of the City Code.

Permit Fee \$ _____

Signature of Contractor _____ Date _____

Approved by _____ Date _____

CONTACT IOWA ONE CALL 48 HOURS BEFORE WORK 1-800-292-8989