



**City of West Okoboji**  
**APPLICATION FOR EXCAVATION WITHIN**  
**PUBLIC R-O-W, STREET, OR ALLEY**  
**PERMIT MUST BE FILLED OUT IN ITS ENTIRETY OR IT WILL BE RETURNED**

NOTE: THE LOCATION OF PROPERTY LINES & EASEMENTS IS THE SOLE RESPONSIBILITY OF THE PROPERTY OWNER. THE CITY OF WEST OKOBOJI DOES NOT AND WILL NOT LOCATE PROPERTY LINES OR EASEMENTS. THE CITY ACTS ON INFORMATION PROVIDED ON THIS FORM. FALSIFICATION OF INFORMATION ON THIS FORM CAN RESULT IN PERMIT NON-ISSUANCE, REVOCATION, AND/OR LEGAL ACTION.

CITY USE ONLY	
Date Permit Issued:	Permit No.
Legal Description (lot, block, subdivision):	
Permit Fees: \$	Date Paid:

**EXCAVATION BUSINESS NAME:** \_\_\_\_\_

**CONTRACTOR NAME:** \_\_\_\_\_

**CONTRACTOR CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

If Excavation Contractor is a licensed contractor in Iowa, please list the license #: \_\_\_\_\_

**WORK TO BE COMPLETED:**  Water  Sewer  Storm Sewer  Gas  Cable  Electrical  Fiber Optic

**PURPOSE OF EXCAVATION:**  New  Repair  Abandon  Connection  Other \_\_\_\_\_

**LOCATION OF WORK TO BE COMPLETED:** \_\_\_\_\_

**MATERIAL TO BE USED:** \_\_\_\_\_

**EXCAVATION PROJECT DESCRIPTION:** \_\_\_\_\_

*Please describe in detail the scope of excavation work to be completed and means of debris removal and/or site remediation*

**SURFACE AND/OR SITE RESTORATION COMPLETED BY:** \_\_\_\_\_

**SURFACE OR SITE RESTORATION CONTRACTOR CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**APPROXIMATE DATE WORK WILL COMMENCE:** \_\_\_\_\_ **DATE WORK WILL BE COMPLETED:** \_\_\_\_\_

**WILL THIS ACTIVITY RESULT IN A STREET BEING CLOSED?**  YES  NO **IF YES, HOW LONG?** \_\_\_\_\_

**CHECKLIST OF CONTRACTOR RESPONSIBILITIES**

- \_\_\_\_\_ Is the permit application filled out completely and accurately?
- \_\_\_\_\_ Drawing if exact location or proposed excavation
- \_\_\_\_\_ Copy of Yearly Certificate of Insurance covering all operations \$1,000,000 each occurrence, each aggregate
- \_\_\_\_\_ Have you contacted Iowa One Call (811) prior to any digging?
- \_\_\_\_\_ Communication and notification to the West Okoboji Public Works Director
- \_\_\_\_\_ Location of all property lines are located (as applicable)
- \_\_\_\_\_ Compliance with Chapter 135 of the West Okoboji Code of Ordinances

**ACKNOWLEDGEMENT & SIGNATURE**

The applicant, by signing, acknowledges and agrees to the conditions of this permit. I hereby will defend, indemnify, protect, and hold harmless the City of West Okoboji and its employees from any and all liability from any claim or cause of action which any person may claim to have by reason of any actual or alleged failure on the part of the undersigned applicant to comply with the terms and provisions thereof.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant or Excavation Contractor

**CITY USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 West Okoboji Public Works or Authorized Representative

Excavation Activity: Approved  Denied  Review comments: \_\_\_\_\_