



407 Lynn Street – Tipton, IA 52772
Phone: (563) 886-6187 Fax: (563) 886-2759

Permit #: _____
Date Issued: _____
Date Expires: _____

EXCAVATION/R.O.W. WORK PERMIT

(Must be filed a minimum of 5 working days prior to beginning project).

1. Type of work: _____
Start Date: _____ Completion Date: _____
2. Address (if available) of work to be done: _____
Additional Permits Required: Yes _____ No _____ Permit # _____
Traffic Control Devices Provided by Contractor: Yes _____ No _____
3. Name of Contractor performing work: _____
Phone Number of Contractor: _____
Business Address of Contractor: _____
4. Name of Subcontractor/Homeowner (circle one): _____
Phone Number of Contractor: _____
Business Address of Contractor: _____

CHECK APPLICABLE RESPONSE TO THE FOLLOWING:

Is this an EMERGENCY REQUEST? NO _____ YES _____

Emergency is due to possible health risk, property or personal damage.

Explanation: _____

Will work be performed in (circle one): RIGHT OF WAY EASEMENT TRAVELED ROADWAY

Traveled portion of the roadway will need: (circle one) LANE CLOSED ENTIRE ROAD CLOSED

Will excavation be two foot (2') or deeper: NO _____ YES _____

If yes, name, address, phone number of Competent Person performing the excavation:

Phone: _____

Phone: _____

CONTRACTOR/PROPERTY OWNER (circle one) SIGNATURE: _____

Date: _____

OFFICE USE ONLY

A detailed map, copy of insurance, maintenance bond, and traffic control detail MUST be included with each request

_____ Map _____ Copy of Insurance _____ Traffic control detail included

Excavation and Testing Fee is \$250.00* _____ Date of Payment _____ Cash/Check _____

*If Applicable

CITY REPRESENTATIVE SIGNATURE For Permit Issuance:

City Position _____ Date: _____

PROJECT REVIEW BY CITY REPRESENTATIVE:

Compaction Test Completed by Date: _____

Restoration of Public Property Completed by Date: _____

PROJECT ACCEPTED BY CITY REPRESENTATIVE:

City Position: _____ Date: _____

City Position Signature: _____

CONTRACTOR NOTES AND RESPONSIBILITIES:

Contractor is responsible for all Utility locate requests. IOWA ONE CALL telephone is 1-800-292-8989.

A detailed map must be filed with the City of Tipton. All new installation along with exposed existing utilities or other public or private will be exactly (within 6 inches) mapped out including name of, type of material, depth and exact measurement from permanent landmark (example: center of road) and a copy of said map given to the City upon completion.

A copy of insurance MUST be filed with the the City, including proof of worker's compensation coverage.

Traffic control detail must be filed with the City of Tipton. Enclose exact detail of traffic control including street names, signage size, wording and placement. Must follow Manual of Uniform Traffic Control adopted by Iowa Department of Transportation.

If street closer is needed the contractor is liable to inform the Fire Department, Police Department, Post Office, School, and the City of estimated street closure duration.

Excavation MUST comply with the OSHA rules for excavations, including confined space regulations.

Traveled portion of roadway will be compacted in six inch (6") lifts. Test will be performed four feet (4') apart. Test will meet 95% compaction. If compaction can not be met with existing spoil pile, suitable material will be hauled in and old soil will be hauled away at contractor's or property owner's expense. Contractor will notify City when first test is needed and City will perform the test.

Initial street cuts will be performed prior to excavations at contractor's expense. Final cut will be performed at a minimum of one foot (1') back of excavation.

Street surface will be replaced by contractor to meet surrounding surface type.

Example: concrete, blacktop, or seal coat (3-0.0209 or 3-3.0203 part 4 or 8-1.0110 part 9)

The City of Tipton will not be liable for property or personal damage incurred in this project.

See City Code Section 135.09