



APPLICATION FOR EXCAVATION PERMIT

(Chapter 24, Article II - Fayetteville City Code)

OWNER:		
First and Last Name:		Company:
Physical Address:		
City:	State:	Zip Code:
Work Phone:	Cell Phone:	Fax:
Email:		
CONTRACTOR:		
First and Last Name:		Company:
Physical Address:		
City:	State:	Zip Code:
Work Phone:	Cell Phone:	Fax:
EXCAVATION INFO:		
Project Name:		
Project Location & Street Address:		
City:	State:	Zip Code:
Purpose:		
Type of Excavation:	Utility:	Drainage: Fiber: Small Cell: Fiber: Other: _____

Provide information in this section if excavation is within the roadway.

From Block:	To Block:	Are streets now being improved:	Yes	No
Estimated Number of Cuts:		Estimated Size of Cuts:		
Type of Surface:	Concrete	Asphalt	Brick	Other: _____
Duration:	Start Date:	End Date:		
Reason for cuts:				

By signing below, I agree to notify the City Construction Management Division (910) 433-1798 when proposed work begins and when it is completed. I understand that excavations in the right-of-way shall be inspected by the City and/or their designee. All cuts shall be measured by the City Engineer prior to removal. I agree to call 811 and have all utilities located prior to excavation.

Name of Applicant:
Title:
Signature:
Date:

Name of Approver:
Title:
Signature:
Date:

Fee Paid: (\$125.00)