

CITY OF JAMESTOWN

ENGINEERING DEPARTMENT - City Hall
 102 3rd Ave SE
 Jamestown, ND 58401



Phone # 701-252-5900
 Fax # 701-252-5903
www.JamestownND.gov

APPLICATION FOR CITY ROW/EXCAVATION PERMIT

PERMIT #:	DATE ISSUED: _____															
JOB ADDRESS: _____	LOT #: BLK #:															
PARCEL ID:	ZONING:															
SUBDIVISION:																
OWNER: _____	CONTRACTOR: _____															
ADDRESS	ADDRESS:															
CITY, STATE ZIP: PHONE:	CITY, STATE ZIP: PHONE:															
	APPLICANT: _____															
FOR: EXCAVATION OF <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Constructio</td> <td><input type="checkbox"/> Sidewalk</td> <td><input type="checkbox"/> Boulevard</td> </tr> <tr> <td><input type="checkbox"/> Repair</td> <td><input type="checkbox"/> Curb</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Alter</td> <td><input type="checkbox"/> Driveway</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Patch _____ Lin. Ft.</td> <td><input type="checkbox"/> Street</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Grade</td> <td><input type="checkbox"/> Alley</td> <td></td> </tr> </table>		<input type="checkbox"/> Constructio	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Boulevard	<input type="checkbox"/> Repair	<input type="checkbox"/> Curb		<input type="checkbox"/> Alter	<input type="checkbox"/> Driveway		<input type="checkbox"/> Patch _____ Lin. Ft.	<input type="checkbox"/> Street		<input type="checkbox"/> Grade	<input type="checkbox"/> Alley	
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_____ Lin. Ft. _____ Ft. Depth																
PERMITTEE WILL: <input type="checkbox"/> Insure that all work complies with City of Jamestown specifications. <input type="checkbox"/> Will complete trench backfill within _____ hours after excavation commences. <input type="checkbox"/> Will replace any trench excavation with pit run gravel for backfill and clean site.																
PAVEMENT REPAIR (CHECK ONE) <input type="checkbox"/> No pavement repair involved <input type="checkbox"/> Will repair by private contractor																
SCOPE OF WORK: _____																
CONDITIONS IF ANY: _____																

DESCRIPTION	AMOUNT
EXCAVATION	\$ 50.00
TOTAL	\$ 50.00

NOTICE
 THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISION OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

 APPROVED BY – ENGINEERING DEPARTMENT

 DATE