

PERMIT #: _____
DATE ISSUED: _____

SINGLE PERMIT FEE (30 DAYS) - \$60.00
YEARLY PERMIT FEE (CALENDAR YEAR) - \$600.00

ADDRESS OF EXCAVATION: _____
DESCRIPTION OF EXCAVATION: _____
LOCATION DESCRIPTION: _____
ESTIMATED START DATE: _____ **ESTIMATED COMPLETION DATE:** _____
DIG SAFE NUMBER (REQUIRED): _____

EXCAVATOR

NAME OF APPLICANT: _____
ADDRESS OF APPLICANT: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____
LIABILITY INSURANCE CARRIER: _____
POLICY NUMBER: _____

EXCAVATION IS TO BE DONE
BETWEEN APRIL 1 TO NOVEMBER 15
UNLESS, OR INCASE OF EMERGENCY

STREET OCCUPANCY PERMIT
MUST BE OBTAINED IF WORKING
OR STORING EQUIPMENT WILL BE
DONE WITHIN THE CITY RIGHT OF WAY

PROPERTY OWNER (IF DIFFERENT)

PROPERTY OWNER NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

TRAFFIC CONTROL PLAN MUST BE
SUBMITTED FOR APPROVAL 48 HOURS
PRIOR TO WORK COMMENCING
FOR ALL WORK DONE IN ROADWAYS
OR SIDEWALK AREA, INCLUDING
STORAGE OF EQUIPMENT

IF EXCAVATING WITHIN A CITY STREET OR SIDEWALK, A STREET OPENING FEE WILL BE ASSESSED FOLLOWING THE COMPLETION OF THE WORK. THE AREA WILL BE INSPECTED AND MEASURED BY A REPRESENTATIVE OF PUBLIC WORKS, AND AN INVOICE WILL BE SENT TO ADDRESS OF APPLICANT GIVEN ABOVE. A FEE SCHEDULE ASSOCIATED WITH STREET OPENINGS IS LOCATED IN THE CITY OF LEWISTON EXCAVATION POLICY.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

FOR OFFICE USE ONLY

PERMIT TYPE:	DIG SAFE NUMBER SUBMITTED:	YES: _____	NO: _____
SINGLE YEARLY	OCCUPANCY PERMIT SUBMITTED:	YES: _____	NO: _____
	TRAFFIC CONTROL PLAN SUBMITTED:	YES: _____	NO: _____