



**CITY OF RICHMOND, INDIANA
RIGHT-OF-WAY EXCAVATION PERMIT APPLICATION**

CONTRACTOR INFORMATION

PERMIT INFORMATION

COMPANY:

NEAREST HOUSE NUMBER:

ADDRESS:

OR

ADDRESS RANGE ALONG STREET:

STREET NAME:

FIRST NAME:

APPROXIMATE START DATE: (MM/DD/YYYY)

LAST NAME:

**DESCRIPTION OF ACTIVITY:
(SELECT ONE)**

PHONE NUMBER:

EXCAVATION AREA: (CHECK ALL THAT APPLY)

EMAIL ADDRESS:

**STREET CURB
ALLEY GRASS
SIDEWALK DRIVEWAY**

**INDICATE PERSON OR COMPANY
WORK IS BEING DONE FOR:**

NUMBER OF EXCAVATIONS:

COMMENTS:

**WILL THIS BE A TRENCH CUT?(WIDTH < 3' and LENGTH > 15'): YES NO
IF YES, PLEASE ENTER LENGTH OF TRENCH:**

**IS THIS THE FIRST APPLICATION FILING FOR THIS EXCAVATION? YES NO
IF NO, PLEASE ENTER PREVIOUS PERMIT NUMBER:**

**IS THIS EXCAVATION PART OF A PLANNED CONSTRUCTION PROJECT? YES NO
IF YES, PLEASE ENTER PROJECT NAME:**

HAVE PLANS BEEN SUBMITTED: YES NO

IF NO, PLANS MUST BE SUBMITTED TO THE DEPARTMENT OF PUBLIC WORKS &
ENGINEERING BEFORE A PERMIT WILL BE ISSUED. PLANS MAY BE DELIVERED TO THE
ADDRESS BELOW, OR MAY BE SENT ELECTRONICALLY TO
streetcut@richmondindiana.gov

**BY SELECTING THE "SUBMIT BY EMAIL" BUTTON BELOW, YOU THE CONTRACTOR,
DOES HEREBY AGREE TO ALL SPECIFICATIONS, REGULATIONS, AND TERMS AS
SET FORTH BY SECTION 96.10 OF THE CITY CODE OF ORDINANCES.**

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CITY OF RICHMOND, INDIANA
DEPT. OF PUBLIC WORKS & ENGINEERING
50 NORTH FIFTH STREET
RICHMOND, IN 47374