



**CITY OF BURBANK
PUBLIC WORKS DEPARTMENT**

Pending Permit No. _____

UTILITY EXCAVATION PERMIT APPLICATION

DATE APPLIED: _____

START DATE: _____

(Permit valid for two months from plan approval date)

DIG ALERT NO.: _____
(Call 811 or www.contact811.org . Call 2 days in prior to digging.)

DATE ISSUED: _____

INSURANCE EXPIRATION DATE: _____

(Note: Minimum \$1,000,000 General Aggregate or \$300,000 Homeowner's Liability. Please ask for additional requirements).

JOB NO: _____

CAL/OSHA PER. NO: _____

(For Excav. 5'+ Deep)

JOB SITE: _____ Burbank, CA

DESCRIPTION OF WORK: _____

_____ Initial that the requirements on the reverse side have been read and understood.

PLANS SUBMITTED: Yes No

(For jobs involving utility trenching and other extensive excavations, submit four [4] sets showing all existing underground utilities in Plan and Cross-section. Where possible conflicts may arise, clear with all affected utilities. Plans will be returned if all substructures are not shown.)

JOB ITEMS		ESTIMATED CHARGES	
Sidewalk _____ sq.ft.	Centerline Ties _____ no.	(Non-Refundable) SF	MF/Comm
Apron _____ ft. O/A _____ ft. depth	Type _____	Permit Fee <input type="checkbox"/> \$56.00	<input type="checkbox"/> \$106.00
Curb _____ lin. ft.	Gutter _____ lin. ft.	Processing Charge	\$ 50.00
Ped Ramps _____ no.	Curb Drains _____ no.	(for refund)	
Trenching _____ lin. ft. _____ ft. width		Inspection Charge	\$ _____
AC Pavement _____ sq. ft. _____ in. thick		Construction Deposit	\$ _____
PCC Pavement _____ sq. ft. _____ in. thick		(refundable*)	
		TOTAL	\$ _____
		*Finished job must meet City standards.	

PERMITTEE: _____

PHONE: (____) _____

(Name as Insured)

CHECK ONE: Owner Contractor: Burbank Business License No.: _____

ADDRESS: _____

Street

City

State

Zip Code

AUTHORIZED AGENT: _____

TITLE: _____

PERMIT CONDITIONS: _____