



**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	
	(Non-Refundable)	SF MF/Comm
Sidewalk _____ sq.ft. Centerline Ties _____ no.	Permit Fee	<input type="checkbox"/> \$136.00 <input type="checkbox"/> \$136.00
Apron _____ ft. O/A _____ ft. depth Type _____	Processing Charge	\$ 50.00
Curb _____ lin. ft. Gutter _____ lin. ft.	(for refund)	
Ped Ramps _____ no. Curb Drains _____ no.	Inspection Charge	\$ _____
Trenching _____ lin. ft. _____ ft. width	Construction Deposit	\$ _____
AC Pavement _____ sq. ft. _____ in. thick	(refundable*)	
PCC Pavement _____ sq. ft. _____ in. thick	TOTAL	\$ _____
	*Finished job must meet City standards.	

PERMITTEE: _____
(Name as Insured)

PHONE: () _____

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

ADDRESS: _____
Street City State Zip Code

AUTHORIZED AGENT: _____ TITLE: _____

PERMIT CONDITIONS: _____