

City of Bloomington

Planning and Transportation Department

www.bloomington.in.gov

401 N Morton Street, Suite 130 P.O. Box 100 Bloomington, IN 47402 Phone: (812) 349-3423 Fax: (812) 349-3520 Email: planning@bloomington.in.gov

CITY RIGHT-OF-WAY EXCAVATION PERMIT APPLICATION

Address / location of project:	Contractor:
Project Name:	Contact Demonst
Project Name:	Contact Person: Phone:
Cut Type:	Will the project result in the closure of any street, traffic lane, alley, parking lane, bike lane, or sidewalk?
(street, sidewalk, bore, alley, driveway, tree plot, multiple types, other)	If Yes: Please include a Maintenance of Traffic Plan
Depth (ft): Width (ft): Length (ft):	Name of Bonding Company:
Start Date: Completion Date:	Bond Number: Expiration Date: Bond Amount:
Competion Date	A bond must be on file with the City of Bloomington Planning and Transportation Department prior to any excavation work within the Right-of-Way.
To Submit a Locate Request 24 Hours a Day, Seven Days a Week: Call B11 or 800-382-5544	Insurance Company Name:
Indiana Underground Plant Protection Service In Indiana, Call Two Working Days Before You Dig. It's The Law.	A certificate of liability insurance must be on file with the City of Bloomington Planning and Transportation Department prior to any excavation work within the Right-of-Way.
Site Plan Please attach a site plan which identifies the following: (1) The specific location of all utilities already located in the right-of-way. (2) The specific location of all signs already located in the right-of-way. (3) The specific location of all structures already located in the right-of-way. (4) The distance from all streets, alleys, driveways, entrances, intersections, and/ or road cuts wherein the excavation will be made and the specific location of the device or structure being installed as a result of the excavation. (5) The specific location of all proposed utilities. (6) Lattitude and Longitude of the project location.	
Certification:	
The applicant hereby certifies and agrees as follows:	
(1) I AM AUTHORIZED TO MAKE THIS APPLICATION. (2) HAVE READ THIS APPLICATION AND ATTEST THAT THE INFORMATION WHICH HAS BEEN FURNISHED, (IXCUDING THAT CONTAINED IN THE PLANS) IS CORRECT. (3) The plans that have been furnished to the City of Bloomington are the basis upon which the City of Bloomington is entitled to act in issuing or revoking any permit for right-of-way excavation. (4) If there is any misrepresentation in this application, or any associated documents, the City of Bloomington may revokes and permit issued based upon this misinformation. (5) I agree to comply with all City of Bloomington Ordinances, permit conditions and State statutes, which regulate excavation work in the right-of-way. (6) I will abide by all City of Bloomington and conditions of approval. (7) I will have the approved permit and plans (or copies) on the jobs ite at all times. (8) I agree to indemnify and to hold the City of Bloomington permit. (9) In the event of any closure, a targere that it shall be the responsibility of the party closing a street to indemnify and to hold the City of Bloomington Planning and Transportation Department, (10) This approval proval for work done in the course of the City of Bloomington Planning and Transportation Department, (10) In supproval only covers concerns within the jurisdictions of the City of Bloomington Planning and Transportation Department, (10) This approval for work don in the course of the sproject. (11) All utility work shall conform to specifications to be obtained from the owner of the affected utility, and work on said utility shall be performed only with expressed written, garcivites, and remain in place until the site is stabilized. (13) All bonding must remain spectors on approval for mork done in the course of the city of Bloomington approval for the the responsibility of the party (21). Control courses complying with Bloomington Maning and Transportation Department, (14) Any work in a street shall conform to the City of Bloomington Specifications. (15) Any beaptreexpresenta	
Signature of Agent/Contractor or Owner:	_ Printed Name: Phone #
OFFICE USE ONLY	
Reviewer Permit Number	Permit Fee
Comments:	