



Street Cut Permit Application

20 North Main Alpine, UT 84004 • 801-756-6347 (Phone) • 801-756-1189 (Fax) • www.alpinecity.org

Date: _____ Application #: _____ Receipt #: _____

Application must be accompanied by a sketch, drawn to scale and including street names, showing the proposed project (may be drawn on back of application.)

APPLICANT/CONTACT INFORMATION	
Contact Person:	
Company Name:	
Address:	
City: _____ Zip: _____	
Phone: _____ Cell: _____	
Email: _____ Fax: _____	

EXCAVATOR/CONTRACTOR INFORMATION	
Contact Person:	
Company Name:	
Address:	
City: _____ Zip: _____	
Phone: _____ Cell: _____	
Email: _____ Fax: _____	
License No.:	

STREET CUT INFORMATION	
Address:	
Type: Trenchless / Open Cut	
Dimension: _____(W) x _____(L) x _____(D)	
Square Feet of pavement to be disturbed:	
Purpose:	
Project Start Date:	
Project End Date:	

TRAFFIC IMPACT	
<input type="checkbox"/> Road Closure/Detour	
<input type="checkbox"/> Road Closure/One Way Traffic with Flaggers	
<input type="checkbox"/> Lane Closure (both directions still open)	
<input type="checkbox"/> Sidewalk Closure	
<input type="checkbox"/> Shoulder Closure/Lane Shift	
<input type="checkbox"/> No Traffic Impact	
<input type="checkbox"/> Other: _____	

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I am either the owner of the property described above or I represent the owner or excavator/contractor as signified above and am acting with the owner/contractor's full knowledge and consent.

Contact Shane Sorensen at 801-420-2962 the day you plan to begin work on the street cut (you must contact him prior to starting any work). If Shane is unavailable, contact Landon Wallace at 801-4203126.

Name (print): _____ Signature: _____ Date: _____

FOR CITY USE ONLY	
Excavator bonded with City: Y / N	
Age of surface: More than 3 years / 3 years or less	
Fee Calculation:	

Approved by _____

City Engineer/Public Works Director Date