

Development Services Department 424 3rd Avenue West Prince Rupert, BC, V8J 1L7 Phone: (250) 627 0950 Fax: (250) 627 0979 Email: customer.service@princerupert.ca

APPLICATION FOR A STREET EXCAVATION AND CONSTRUCTION PERMIT

Company Name:	
Business Address:	
Contact Person:	
Telephone:	Email:
Starting Date:	Completion Date:
Name of Street to be Excavated:	
Street Numbers of Abutting Properties:	
Size of Excavation: Width	Depth: Length:
Distance of Excavation from Curb or Paveme	ent Edge (feet):
Purpose of Excavation:	
I (We) hereby agree to be bound by the provi amendments, if any, specifications and regula municipal streets and to such special condition imposed by the Director of Operations or des Rupert full disclosure of all findings within the	sions of the City of Prince Rupert Traffic Bylaw and ations of the City governing excavations in or under ons, restrictions, and regulations as may be ignate. I (We) agree to provide the City of Prince jurisdiction of this permit. I (We) agree that we will 74 6886 or cellular *6886 – no airtime charge).
OFFICE USE ONLY	
Payment Receipt #	Permit #

COST \$10.00 PER APPLICATION

Date Application Approv	ed:		
Plans Approved by:			
Deposit and Refund Info	rmation:		
Amount deposited:		Inspection Fee:	Inspection Fee:
Receipt No.:		Amount Refunded:	:
		Date of Refund:	
Insurance Needed:	YES	NO	
Provide a copy of Liabilit insured.	y Insurance (\$2,00	0,000 minimum), naming the City o	of Prince Rupert as co-
If Yes, Date Received: _			
Asbuilts Needed:	YES	NO	
If Yes, Date Received: _			
Date of Completion:			
Final Inspection and Acc	eptance:		
Inspected by:			
Permit Revoked:	YES	NO	
Reason Permit Revoked	l:		
Revoked by:			
location designated: prov	vided, however, all ns, the Applicant's	e an excavation in or under the abor work is performed in accordance w plans, the City's Bylaws, specificati ving special conditions:	vith the attached
Operations Manager of	 or Designate		Date