CITY OF PITTSBURG ENGINEERING DEPARTMENT APPLICATION FOR UTILITY PERMIT

TYPE OF PERM	IIT:	DATE:_			
UTILITY CONS	TRUCTION PERMIT IT EXTENSION	□UTILITY	UTILITY RELOCATION		
UTILITY COMP	ANY INFORMATION:		DI.		_
			E-III&	ui:	· · · · · · · · · · · · · · · · · · ·
	CIFIC CONTACT INFO				
		E-mail:			
LOCATION OF	_				
	TC				
	NY'S REFERENCE # or J	ob ID #:			
CONTRACTOR IN		0 5 .			
-	Business License #:				
					
	OF DRODOSED LITH				
	OF PROPOSED UTILI	I Y WORK:			
Description of Pro	posed Work:				
DURATION:	CONTRAC				
	able, list the underground				
_	easured longitudinally alo		•	-	•
•	utility service shall be mea	•	•		•
LOCATION:	,		,		
Street	From	То	Length insta under the ro or paved sho	adway	Length outside paved areas

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^{*}Note all contractors and subcontractors performing work at the project site must have a current City of Pittsburg Business License

QUESTIONS

PERMIT FEE:

	1) Will sidewalk closure(s) be required to perform this work? yes no yes, a plan for rerouting pedestrian traffic must be included with the application						
2) Will street closure(s) be required to perform this work? ☐ yes ☐ no yes, a traffic control plan must be submitted with the application							
3) Will the work involve If yes, explain/provide an er used to protect storm drain	osion/sedimentation co	ontrol plan showing	s □ no what BMPs will be				
4) Will the work involve If yes, explain what type of tes used:			s 🗆 no				
SUBMITTAL CHECKLIST:							
Copy of permit application							
A copy of an 81/2" x 11" vicinity plan with the work area highlighted							
3 copies of a pedestrian control plan, if applicable							
3 copies of a traffic control plan, if applicable							
3 copies of an erosion/sedimentation control plan, if applicable							
CERTIFICATION							
I hereby certify that I have a complete and correct. I unde among other things, revocation	rstand that false stateme	ent or misrepresentat					
It is also hereby agreed and uthat (i) the applicant agrees to proposed construction shall I County, State, Federal, and C	to all the terms and con be performed and comp	ditions of the permit pleted in accordance	issued; and (ii) the with all applicable				
Print name	Signature	Date	 				
Phone:	E-mail:		-				
REMARKS:	FOR STAFF USE ONL	Y :					
APPROVED BY: NC PCP APPROVED: YES NC TCP APPROVED: YES NC))						