

ONE STOP PERMITTING

CITY OF FAIRFIELD
CITY HALL
4701 GARY AVENUE
FAIRFIELD, ALABAMA 35064

STREET EXCAVATION (PRIVATE) PERMIT APPLICATION

P. I. D. No.: _____

Address Verified by: _____

Modified Address: _____

Date _____

Case No. _____

Master No. _____

Project No. _____

Please print or type legibly and fill in all that apply

Job Site Address: _____

Location: (floor, wing, suite, etc.) _____

Project Name: _____

PROPERTY OWNER

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE:() CELLULAR:()

FAX:() PAGER:()

EMAIL: _____

STATE G.C. LICENSE NO. _____

Applicant* Contractor* Developer*

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE:() CELLULAR:()

FAX:() PAGER:()

EMAIL: _____

*Applicant is required to be authorized by owner to undertake work

CONTACT PERSON: _____ ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE:() CELLULAR:()

Pavement Restored by: City of Fairfield Licensed Paving Contractor No. of Cuts _____

WORK TYPE

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Conduit Cable | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Sanitary Sewer Construction | <input type="checkbox"/> Water Service |
| <input type="checkbox"/> Fiber Optics | <input type="checkbox"/> Monitoring Well | <input type="checkbox"/> Sanitary Sewer Repair* | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gas Service | <input type="checkbox"/> Repair Steam Line | <input type="checkbox"/> Storm Sewer Connection | |
| <input type="checkbox"/> Install Power Boxes | <input type="checkbox"/> Sanitary Sewer Connection | <input type="checkbox"/> Swimming Pool | |

*(205) 988-2492*ask for inspection dept**
*You must call _____ upon completion of work.

DESCRIPTION OF WORK:

FOR STAFF USE

CERTIFICATION

Applicant certifies that all information stated herein is true and correct and agrees to comply with all ordinances and specifications regarding street excavations. I hereby certify that I have read this application and that all information contained herein is true. If any portion of this information, either intentionally or unintentionally, is false or is a misrepresentation of the material facts, the permit or process granted will be void. I further certify that if I am not the owner, I have proper authorization from the owner to act as representative on his/her behalf and that I may be required to provide written documentation of such authorization to the City of Fairfield.

Signature (Applicant)

Date

Contractor: _____

(Please Print Full Name)