

# Excavation/Digging Permit

Permit Number \_\_\_\_\_

Date \_\_\_\_\_

Person or Responsible Party \_\_\_\_\_

Excavator \_\_\_\_\_ Phone # \_\_\_\_\_

Excavation/Digging Address \_\_\_\_\_

***NEED MAP ON BACK REFLECTING DIMENSIONS & DISTANCE OF DIGGING***

Purpose (for whom and by whom) \_\_\_\_\_

Date of Commencement \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Iowa One Call called? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, date anticipated to call? \_\_\_\_\_

Require Bond? Yes \_\_\_\_\_ No \_\_\_\_\_

Require Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Issued By \_\_\_\_\_ **FEE is \$5.00**  
Paid Amount \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_



