

**APPLICATION FOR EXCAVATION
 PERMIT CITY OF TRENTON
 14 WEST BROADWAY
 TRENTON, IL 62293
 (618) 224-7323
 (618) 224-9136 FAX**

DATE:	FEE:	PERMIT #:
Applicant(s) Name(s):		Home Phone:
Applicant E-Mail Address:		Cell Phone:
Applicant(s) Address:		Fax:
City:	State:	Zip Code:
Location of Excavation (street address, intersection, etc):		
Square Footage of area to be excavated:		
Property Owner Information (If Different than Applicant)		
Owner(s) Name(s):		Telephone:
Owner(s) Address:		
Excavation Contractor Information		
Excavation Contractor:		Telephone:
Contractor Address:		
Type of Excavation (tunnel, street, opening, trenching, sidewalk removal):		
<small>If street, composition (oil & chip, asphalt, concrete, Rock)</small>		
Purpose of Excavation		
Expected start date:	Duration:	
Are City utilities expected to be relocated in the process?		
Will the project cause interference with traffic?		
24 hour notice is required to schedule Inspections.		
Applicant Signature:	Date:	

**Statement: The applicant hereby agrees to abide by and comply with all City Ordinances and Laws.
 Contractor/Owner is responsible for barricades/traffic control.**