



STREET CUTTING PERMIT APPLICATION

TOWN OF MANILA

145 EAST. HWY 45 MANILA UTAH 84046 * (435)784-3143* FAX (435) 784-3356

Date: _____ Application #: _____ Receipt #: _____

Application must be accompanied by a sketch, drawn to scale and including street names, showing the proposed project. (May be drawn on back of application.)

APPLICANT/CONTACT INFORMATION		
Contact Person:		
Company Name:		
Address:		
City:	Zip:	
Phone:	Cell:	
Email:	Fax:	

EXCAVATOR/CONTRACTOR INFORMATION		
Contact Person:		
Company Name:		
Address:		
City:	Zip:	
Phone:	Cell:	
Email:	Fax:	
License No.:		

STREET CUT INFORMATION		
Location of cut:		
Purpose of cut:		
Width	Length	Depth
Approximate Project Start Date:		
Approximate Project End Date:		

TRAFFIC IMPACT		
☐ Road Closure/Detour		
☐ Road Closure/One Way Traffic with Flaggers		
☐ Lane Closure (both directions still open)		
☐ Sidewalk Closure		
☐ Shoulder Closure/Lane Shift		
☐ No Traffic Impact		
☐ Other: _____		

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I am either the owner of the property described above or I represent the owner or excavator/contractor as signified above and am acting with the owner/contractor's full knowledge and consent and will provide copies of all licenses and certificates to the Town of Manila.

Name (print): _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY
Excavator bonded with City: Y / N
Age of surface: More than 3 years / 3 years or less
Fee Calculation:
Certificate of Workers Comp for Employees: Y / N
Certificate of Insurance: Y / N

Approved by

Public works _____ Date

Mayor _____ Date