



PERMIT # _____

Town of Mead
441 Third Street
P.O. Box 626
Mead, CO 80542
970.535.4477

**UTILITY EXCAVATION AND STREET CUT PERMIT
STREET OBSTRUCTION PERMIT**

**SKETCH OF EXCAVATION
OR OBSTRUCTION**

Date of Application

Name of Applicant

Street Address or P.O. Box

City State Zip Telephone

Name of Contractor

Street Address or P.O. Box

City State Zip Telephone

LOCATION OF EXCAVATION
OR OBSTRUCTION

PURPOSE OF EXCAVATION
OR OBSTRUCTION

SPECIAL CONDITIONS:

Permit Fees:

Base Fee: \$ 25.00

Road Cut Service Fee: \$ _____

Est. Inspection Fee: \$ _____

TOTAL: \$ _____

Notified: Yes No

****CALL TRENT MARSHALL 24 HOURS PRIOR TO START
OF WORK, AND FOR FINAL INSPECTION, 303.514.6912****

In the event the Town incurs expenses for the review of the plans and inspection of the work to be performed under this permit greater than the monies collected with this permit, the applicant shall reimburse the Town for the additional expenses. The reimbursement shall be made within ten (10) days of the Town submitting an invoice for the expense. Failure by an applicant to pay within the specified time shall be cause for the Town to revoke the permit and take such steps as may be necessary to collect the amount owed. This permit will expire in 180 days of issuance.

I hereby agree to the conditions contained in this permit. Signature: _____ Date: __/__/__

Approved: _____ Date: __/__/__