

DIGGING PERMIT

*CITY OF
CROSBY*

PERMIT # _____

DATE OF PERMIT ISSUE: _____

PERMIT ISSUED TO: _____

IF PERMITTED PARTY IS OTHER THAN A PUBLIC UTILITY CORPORATION OR A BONDED PLUMBER, CORPORATE SURETY BOND, CASH DEPOSIT OR CERTIFIED CHECK IN THE MINIMUM AMOUNT OF _____ HAS BEEN PLACED ON FILE WITH THE CITY ADMINISTRATOR'S OFFICE.

PERMIT CONDITIONS: THE PERMITTEE WILL:

1. Perform all work under this permit in accordance with applicable ordinances and regulations of the City of Crosby;
2. Indemnify the City and hold it harmless from all damage caused in the execution of such work;
3. Provide proof to the City in advance of digging that it has located all underground utilities and other infrastructure;
4. Pay all costs and damages suffered by the City by reason of the failure of the Permittee to observe the terms of applicable ordinances and regulations of the City of Crosby or because of negligence in the execution of the work; and
5. Perform all restoration necessary to return permitted site to pre-permit conditions, or in the alternative, reimburse the City of Crosby for restoring the site to pre-permit conditions upon failure of Permittee to do so to the City's satisfaction within seven (7) days of completion of the permitted project through surrender of their cash deposit and for any amounts incurred in excess of the deposit.

IF PERMITTED PARTY IS OTHER THAN A PUBLIC UTILITY CORPORATION, PERMITTED PARTY HAS PROVIDED PROOF OF AN INSURANCE POLICY PROTECTED THE PERMITTED PARTY FROM LIABILITY TO THE PUBLIC, INCLUDING TO THE CITY, IN AN AMOUNT NOT LESS THAN \$500,000.00 FOR ANY CLAIM AND ALL CLAIMS ARISING OUT OF THE PERMITTED WORK.

() YES () NO

THE CITY OF CROSBY

Dated: _____

By: Matthew Hill
Its: City Administrator and Clerk Treasurer

DIGGING PERMIT APPLICATION PERMIT # _____

*CITY OF
CROSBY*

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

SITE ADDRESS: _____

CONTACT PERSON: _____

GENERAL NATURE OF WORK:

- () NEW INSTALLATION OF UTILITIES
- () REPAIRS
- () ADD ANY MATERIAL
- () EXCAVATE/REMOVE EXISTING SOIL

NATURE OF WORK (Please Provide Description):

SIGNATURE OF APPLICANT:

Dated: _____

FOR OFFICE USE ONLY

Public Works Department _____
City Clerk's Office _____

Paid Stamp

TOTAL FEE PAID IN THE AMOUNT OF \$50.00? () YES () NO

Code: 2:203 (100-32120) Payable in advance of approval

CONTRACTOR'S INFORMATION (If Applicable)

CONTRACTOR: _____

ADDRESS: _____

LIABILITY INSURANCE COMPANY: _____

TELEPHONE NO.: _____

POLICY NO.: _____ **POLICY PERIOD: FROM** _____ **TO** _____

COVERAGE AND LIMITS: _____

In consideration of the issuance of the permit to this application, the undersigned agrees to comply with all terms of the ordinances of the City of Crosby pertinent hereto and all rules and regulations established by the City of Crosby and/or Utility Commission of said City.

DATE: _____ CONTRACTOR: _____