



Application for an Excavation Permit

Application Fee: \$25.00

Purpose: Application is hereby made for permission to excavate in a public right-of-way of the city. This application form should be used to submit a physical application. To submit a digital application visit: www.madison-in.gov/reporting.

APPLICANT/CONTRACTOR INFORMATION (If private property owner, use section below.)

Date: _____

Applicant Name: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Preferred): _____ Email: _____

Client Type for whom the work is being completed (check all that apply):

- City Government State Government Other: _____
 County Government Private Entity/Person _____

If work was ordered by a private entity/person, please complete section below. Otherwise, skip to Location of the Excavation.

PROPERTY OWNER INFORMATION

Date: _____

Applicant Name: _____

Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Preferred): _____ Email: _____

LOCATION OF THE EXCAVATION

Street Address: _____

Intersecting Street (if applicable): _____

Parcel ID (can be obtained from the office): _____

811 Confirmation #: _____

EXCAVATION DETAILS

General Location of the excavation (check all that apply):

- Within the street
 Alley
 Road bore
 Within the right-of-way grass
 Street curb or street gutter
 Sidewalk

Type of work requiring the excavation (check all that apply):

- Gas
 Water
 Sewer
 Cable/Internet
 Electric
 Other: _____

Please provide the purpose, size, and description of the excavation: _____

Expected Start Date: _____ Expected End Date: _____

Contractor Name: _____ Contractor Phone #: _____

Type of surface being excavated (check all that apply):

- Asphalt Stone Other: _____
 Concrete Grass

TRAFFIC INFORMATION

- Will this work require equipment in travel lanes? Yes No
Will this work require parking or sidewalk restrictions? Yes No
Will this work require a partial or total road closure? Yes No
Will this work be in the city right-of-way, but not affect traffic? Yes No
Was this work already completed under an emergency? Yes No

BOND INFORMATION

Bond Number: _____
Name of company: _____
Bond Amount: _____

I certify that the information provided in this application is true and accurate to the best of my ability. I understand that I must abide by the standards established by the City of Madison for right-of-way cuts, excavation, and backfill. I understand that any project in the right-of-way, or any other public place, must conform to ADA specifications and guidelines. I acknowledge that it is my responsibility to assure that the finished work product of this project will meet those specifications and guidelines.

_____ Date _____ Signature of Applicant

COMPLETED BY OFFICE	
Application Accepted on: _____	Application Accepted by: _____
Application Approved on: _____	Planning Department: _____
Street Department: _____	Utility Department: _____

Documentation Review (Completed by Planning Office)
____ Application is complete
____ Proof of Bond (\$10,000 Minimum)
____ Proof of public liability insurance and property damage insurance (\$10,000 Minimum)