



SANDERS COUNTY EXCAVATION APPLICATION

APPLICANT:

NAME _____ PHONE: _____

ADDRESS _____ EMAIL _____

If applicant is a corporation, give state of incorporation and names of contact persons.

Herein termed the applicant, requests permission to encroach/excavate upon county property or county right-of-way described and shown on attached plot plan or plan and profile and hereby made part of this application.

LOCATION:

SECTION ____ TOWNSHIP ____ RANGE ____ NEAREST TOWN _____

ROAD NAME _____ USE OF PROPERTY OR FACILITY: _____

DETAILS OF EXCAVATION: (including depth, width, length, amount of time excavation will remain open, any excavation parallel to the road, how traffic will be notified)

ATTACH A MAP TO SCALE OF PROPOSED EXCAVATION.

Applicant Signature

Date

COUNTY USE ONLY:		
Amount Due: _____	Received by: _____	Date: _____
Date issued: _____	Valid until: _____	