| Department of Public Works                                                                                                                | SANDY CITY                   |                                                         |                                           |                                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 16703 - 13                                                                                                      |                                                        |                                        |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------|-------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------|-------|--|
| 8775 South 700 West                                                                                                                       | No.                          |                                                         |                                           |                                       | No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Marian |                                                        |                                        |       |  |
| Sandy, Utah 84070                                                                                                                         |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ass A (Traffic Obstruction) ass B (Shoulder or Parkstrip)                                                       |                                                        |                                        |       |  |
| Phone: 568-2960                                                                                                                           | T-7/22                       |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                        |                                        |       |  |
| Fax: 562-1312 IN THE PUBLIC WAY                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ss C (Ter                                                                                                       | nporary A                                              | sphalt)                                | -     |  |
| Directions: This form is a valid permit only when sappropriate statement in the certificate of insuran                                    | igned by City Rep            | resentative. Pl                                         | ease print or type<br>the license section | e. Complete all<br>on. Fill in anv bl | spaces. I<br>lanks in ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | riace an "x" ne:<br>ne statement w                                                                              | kt to the<br>here your "x" i                           | s,                                     |       |  |
| appropriate statement in the certificate of insuran<br>sign and date this form after you have read every                                  | thing on both side           | s of it.                                                | the needed cook                           |                                       | distribution of the last of th |                                                                                                                 | -                                                      |                                        | 4     |  |
|                                                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 9/1                                                                                                        | 116                                                    |                                        | 4 .   |  |
| Applicant (Permittee) CENTRAL UTAL TELEPHONE INC.                                                                                         |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Office Telephone                                                                                                |                                                        | 127.0648                               |       |  |
| Malling Address P.O. BOX 7 FAIRVIEW, UT 84629                                                                                             |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Foreman Mobile                                                                                                  | 435.1                                                  | +69.0394                               | BLETT |  |
| Contractor MK LONSTRUCTION, LLC                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Emerg. 24 hr Tele                                                                                               | phone 5/                                               | ME                                     |       |  |
| 1 1 2 1 2 1 2 1 1 1 1 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Engineering Revi                                                                                                | ew +                                                   | W                                      |       |  |
| onnil 1                                                                                                                                   |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Transportation Re                                                                                               | eview Reen                                             | New /                                  |       |  |
|                                                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yellow □(0                                                                                                      | G) Gas                                                 | 1                                      | 1     |  |
| Reason for Excavation J. J. Length 'width, and depth of excavation. (L=x W=x D=) NBL, SBL, EBL, WBL                                       |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Orange (FO) Fiber Optic-Notify P.U.                                                                             |                                                        |                                        |       |  |
|                                                                                                                                           | (L                           |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - ~                                                                                                             | P) Power                                               |                                        |       |  |
| General Construction Notes:                                                                                                               |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | V) Water                                               |                                        |       |  |
|                                                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | Green □(S) Sewer                                       |                                        |       |  |
|                                                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Orange [](T) Tele/Cable                                                                                         |                                                        |                                        |       |  |
|                                                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | White □(F) Flood                                                                                                |                                                        |                                        |       |  |
|                                                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □Sidewalk # sections                                                                                            |                                                        |                                        |       |  |
|                                                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □Curb/Gutter# sections                                                                                          |                                                        |                                        |       |  |
| INSPECTION REQUIRED                                                                                                                       |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐Drive Appre                                                                                                    | pach sa.ft.                                            |                                        |       |  |
| Please call inspector                                                                                                                     |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Asphalt sq.                                                                                                     | ft. Por                                                | HOLES?                                 | 1     |  |
| 24 hours before beginning work                                                                                                            |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □ADA Ramp                                                                                                       |                                                        |                                        |       |  |
| AND again at job completion.                                                                                                              |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □Water Service Relocation                                                                                       |                                                        |                                        |       |  |
|                                                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Misc.(desc                                                                                                      | 1001                                                   | BORE                                   |       |  |
| NOTICE: Work shall be completed within 60 of                                                                                              | lays from the dat            | te the permit is                                        | granted and or                            | en no more th                         | an listed,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | In time limit w                                                                                                 | ithout                                                 |                                        |       |  |
| prior approval by the engineer. CALL PUBLIC<br>(801-568-2900) 24 HRS BEFORE COMMENCIN                                                     | WORKS (801-56                | 8-2960), PUBL<br>DURS IF WORK                           | (IS SCHEDULE                              | D ON HOLIDAY                          | S OR W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EEKENDS.                                                                                                        |                                                        |                                        |       |  |
| (reffic Control Plan                                                                                                                      | Start Date: Completion Date; |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | phalt Surface By                                       | y:                                     | 7     |  |
| ☐ Fran is attached ☐ MUTCD Fig. No.                                                                                                       | 9/20/10 10/20/14             |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □ None                                                                                                          | Applicant                                              |                                        |       |  |
| CERTIFICATE OF INSURANCE                                                                                                                  | 5.0                          | BONDS                                                   |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LICENSE                                                                                                         | 1                                                      | ************************************** | 1     |  |
| I have comprehensive liability insurance in according with City ordinance.                                                                | dance                        | $\sim$                                                  | d under the provision<br>My Bond Comp     | any is:                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | "State of I                                                                                                     | ed under the pro<br>Utah Contractors<br>My License Nur | s" License Law.                        |       |  |
| Ins. Co. NATL FARMERS                                                                                                                     | Linkon                       | THE GINGINATIONS. Lo  My bond number is:  0594802_      |                                           |                                       | .La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2016036.5501                                                                                                    |                                                        |                                        |       |  |
| ins, co.                                                                                                                                  | LINION                       |                                                         | 501.00                                    | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐B. 1 am exem                                                                                                   |                                                        |                                        | 1     |  |
| Policy No. 1 R VD475816                                                                                                                   | 1.                           | □B. I am specifically exempted in an existing franchise |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | because I represent a public utility company<br>franchised by the City.                                         |                                                        |                                        |       |  |
| that my company has in force with Sendy C                                                                                                 |                              |                                                         |                                           |                                       | C. I am exempt from the "Ilcense requirement"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                        |                                        | 1     |  |
| ☐C. I am exempt from the "bond requirement" because  I am the property owner of record performing the                                     |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | because I am the property owner of record<br>performing the work adjacent to my                                 |                                                        |                                        |       |  |
| work adjacent to my residence                                                                                                             |                              |                                                         |                                           |                                       | ######################################                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |                                                        | ,                                      |       |  |
|                                                                                                                                           |                              |                                                         | by the conditions s                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | to the terms of Co                                                                                              | ndu Citula extress                                     | ni .                                   | -     |  |
| PERMIT APPLICATION: Application is here<br>"Regulations for Controlling Excavations and Obstruction                                       | by made for a permi          | t to work in the pu<br>t-of-Way," revers                | e side hereof, and t                      | o any increase in f                   | nicagrees i<br>fees should                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d the City's inspec                                                                                             | ction or restoration                                   | on costs                               |       |  |
| exceed the amounts shown horeon.                                                                                                          |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                        |                                        |       |  |
| Signature of applicant (Read Both Sides Before Sign                                                                                       |                              | DEDARTA                                                 | MENT USE                                  | DATE                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                        |                                        | -     |  |
| PERMIT GRANT: Permission is hereby granted to the a                                                                                       |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                               | . 1                                                    |                                        | 1     |  |
| PERMIT GRANT: Permission is hereby granted to the a<br>the above described work in compliance                                             | e with Sandy City Or         | dinance Title 13,                                       | Mone                                      | City Represent                        | ativo C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE 1                                                                                                          | le III                                                 | _                                      |       |  |
| [00.00                                                                                                                                    |                              | NSPECTION -                                             | IM WEL                                    | SCH                                   | ACCEPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ANCE                                                                                                            | Date:                                                  | By:                                    |       |  |
| Permit ree                                                                                                                                | Date: By: 801.20.2047 Work   |                                                         |                                           |                                       | Work R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rejected                                                                                                        |                                                        |                                        |       |  |
| Square Footage Charge 27-50                                                                                                               | Con                          |                                                         |                                           |                                       | Contrac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ractor Notified                                                                                                 |                                                        |                                        |       |  |
|                                                                                                                                           |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ccepted                                                                                                         |                                                        | -                                      |       |  |
| Utility Marking (signalized intersection)                                                                                                 |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                        | (ii                                    |       |  |
| Penalty Total Fee   2-7.50                                                                                                                |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                        |                                        |       |  |
|                                                                                                                                           | -                            |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                        |                                        |       |  |
| Check Number                                                                                                                              | _                            | REPAIRS                                                 |                                           |                                       | ACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACTUAL FIELD MEASUREMENTS                                                                                       |                                                        |                                        |       |  |
| , ,                                                                                                                                       |                              |                                                         |                                           | 50020500A000                          | 250-0 A OCCOMPANION CONTRACTOR AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |                                                        |                                        |       |  |
| 2                                                                                                                                         |                              |                                                         |                                           |                                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ConcreteFt^2                                                                                                    |                                                        |                                        |       |  |
| Data: Board: Paid:                                                                                                                        |                              |                                                         |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ConcreteLin. Ft.                                                                                                |                                                        |                                        |       |  |
| *\                                                                                                                                        |                              | Bitur                                                   |                                           |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ituminous PatchFt^2                                                                                             |                                                        |                                        |       |  |

### **GENERAL CONDITIONS**

- 1) ACCEPTANCE OF CONDITIONS. It is understood and agreed by the Permittee that doing any work under this permit constitutes an acceptance of the Revised Ordinance of Sandy City (#10-36), the City's Regulations for controlling Construction in the City's Public Way, Sandy City's Standard Specifications, and all the General and Special Conditions hereof. It is also understood that the information herein is only for convenience of Permittee and is not assumed to be complete.
- 2) PROXIMATE WORK. The applicant agrees that no other work will be done under this permit except that specifically set forth herein. It is the applicant's responsibility to verify the exact location of city and private facilities prior to commencing excavation operations.
- 3) REMOVAL OF INSTALLATION. Permittee agrees to be bound by City Ordinances and regulations and that if any part of this installation interferes with the future use of public way, it must be removed or relocated as designated by the City Engineer, at the expense of the Permittee or their successors in interest.
- 4) PERMIT AND DRAWINGS AT JOB SITE. The Permittee will have, at the work site, a copy of the permit, the traffic control plan, and the City approved drawings.
- 5) NOTIFICATION. Notify Sandy City Public Works (801-568-2999) 24 hours before commencing work. Provide the following information: permit number, name and telephone number of Permittee, date/time work is to commence, location of work and any other information which may be relevant to the work. Notify Sandy City Police (801-568-7200) and Fire Dept. (801-568-2930) 24 hours in advance of all Road Closures and Detours. Notify Sandy Public Utilities (801-568-7298) 24 hours before commencing work if a water service relocation is required. Notify Parks Dept. (801-568-2900) 48 hours before commencing work and again prior to backfilling operations for inspection.
- 6) CONFORMANCE TO EXISTING LAWS AND CITY SPECIFICATIONS. The Permittee agrees to be fully informed of all Federal, State and local laws, ordinances, rules, regulations, and City Construction Specifications which, in any manner, affect the work, and at all times will observe and comply with such laws, ordinances, rules, regulations and specifications.
- 7) TRAFFIC INTERRUPTION. Construction operations will be conducted in a manner that a minimum amount of interference or interruption of roadway traffic will result, except during emergency conditions or unless authorized by the Engineer. Construction operations such as excavation, backfill and pavement restoration on major/arterial streets are prohibited during peak traffic hours of 7:00 to 9:00 a.m. and 4:00 to 6:00 p.m. weekdays or Holidays.
- 8) TRAFFIC CONTROL DEVICES. See Manual on Uniform Traffic Control Devices (MUTCD).
- 9) HIGH VISIBILITY CLOTHING. All persons working in the Public Way shall comply with Part VI, Section 6E-3 of the MUTCD.
- 10) EMERGENCY INFORMATION. Permittee will clearly post on barricades in letters not less than two inches (2 in.) high emergency information consisting of the name and emergency telephone number of the Permittee, and the Permittee will cause at least two such barricades per block to be erected at every job site until the work is complete and formally accepted by the City.
- 11) STREET EXCAVATION IN WINTER. Excavation of City Streets during the winter months (herein defined as October 15 to April 15) will be allowed only if the work is a new service connection, required maintenance, emergency, or otherwise approved by the City Engineer. Permanent patching of City streets excavated in the winter may be delayed until April 1, provided the Permittee provides and maintains a temporary asphaltic surface until such time as the permanent surfacing is accomplished. This provision applies regardless of whether the Permittee or City crews are performing the permanent resurfacing.
- 12) PRECONSTRUCTION PICTURES OF EXISTING WAY IMPROVEMENTS. Prior to commencing the permit work, the Permittee is encouraged to secure video tape or pictures positively identifying existing conditions of the public way improvements such as curbing, sidewalks, landscaping, asphalt surfaces, etc.
- 13) TIME LIMIT. Unless authorized otherwise by the Engineer on the permit, all paving and replacement of street facilities will be done within seven (7) calendar days from the time the excavation commences, or within three (3) calendar days on major/arterial streets and five (5) calendar days on all other streets from the time excavation is backfilled whichever is less, except as provided for during excavation in winter. If work is expected to exceed the above duration, the Permittee will submit a detailed construction schedule for approval. The schedule will address means and methods to minimize traffic disruption and complete the construction as soon as possible. Permits not activated may apply for an extension. Active permits which exceed the above duration, or construction schedule, are required to apply for an additional permit.
- 14) BOND. Each applicant, before being issued a permit, will provide the City with a performance bond of ten thousand (10,000) dollars on a form supplied by the City to guarantee faithful performance of the work authorized by a permit granted pursuant to this chapter. The amount of the bond required may be increased or decreased in accordance with Sandy City Specifications, Section 02575. Public utilities franchised by the City and property owners performing work adjacent to their residences, will not be required to file a corporate surety bond provided said companies or persons agree to be fully bound by the conditions set forth in title 13. Refer to the latest edition of the City's Standard Specifications, Section 02575 for additional bonding information.
- 15) CONDITIONS OF BOND. The bond required by the preceding section will be conditioned that the person making the excavation will:
- (1) Fully comply with the requirements of the City ordinances and the regulations, specifications, and standards promulgated by the City relative to work in the public way, and respond to the City in damages for failure to conform therewith.
- (2) After an excavation is commenced, the Permittee will prosecute with diligence and expedition all excavation work covered by the excavation permit and will promptly complete such work and restore the public way to its original condition, or as near as may be, so as not to obstruct the public place or travel thereon more than is reasonably necessary.
- (3) Guarantee the work site restoration for a period of one year from the date of final written acceptance by the City of restoration, reasonable wear and tear excepted.
- 16) COMPREHENSIVE LIABILITY INSURANCE REQUIRED. Before a permit is issued, the Applicant will furnish to the City evidence that such Applicant has a comprehensive general liability and property damage policy that includes contractual and general liability coverage endorsed with the following limits and provisions:
- (1) A minimum of One Million Dollars (\$1,000,000) combined single limit per occurrence for bodily injury, personal injury, and property damage and not less than Two Million Dollars (\$2,000,000) in the aggregate. The coverage will be in the nature of Broad Form Commercial General Liability coverage. The City may increase or decrease minimum insurance limits, depending on the potential liability of any project.
- (2) All policies will be endorsed to include the City, its employees, officers, officials, agents, volunteers and assigns, as additional insureds. Any reference to the "City" will include the City, its employees, officers, officials, agents, volunteers and assigns.
- (3) The coverage will be primary insurance as respects the City, its employees, officers, officials, agents, volunteers, and assigns. Any insurance or self-insurance maintained by the City, its employees, officers, officials, agents, volunteers, and assigns will be in excess of the Permittee's insurance and will not contribute to or with it.
- (4) Each policy will be endorsed to indemnify, hold harmless and defend the City and its officers and employees against any claim or loss, damage or expense sustained on account of damages to persons or property occurring by reason of permit work done by the Permittee, his/her subcontractor or agent,

whether or not the work has been completed and whether or not the right-of-way has been opened to public travel.

- (5) Each policy will be endorsed to indemnify, hold harmless and defend the City, and its officers and employees against any claim or loss, damage or expense sustained by any Person occurring by reason of doing any work pursuant to the permit including, but not limited to falling objects or failure to maintain proper barricades and/or lights as required from the time work begins until the work is completed and right-of-way is opened for public use. See Ordinance #97-25, Excavation Permit, for complete insurance requirements.
- 17) HOLD HARMLESS AGREEMENT. The Permittee agrees to save the City, its officers, employees and agents harmless from any and all costs, damages and liabilities which may accrue or be claimed to accrue by reason of any negligence or other wrongful act under the permit.

# SPECIAL CONDITIONS

#### **EXCAVATION OPERATIONS**

- A) BLUE STAKES. Before commencing excavation operations, the Permittee will call Blue Stakes at 801-208-2100 and Sandy City Public Utilities at 801-568-7280.
- B) TRAFFIC CONTROL DEVICES. In accord with the standards and guides set forth in the Manual on Uniform Traffic Control Devices (MUTCD), Permittee must have traffic control devices in place prior to any traffic disturbance or excavation. Permittee shall maintain all traffic control devices for the duration of the permit. Non-compliance with the standards and guidelines set forth in the MUTCD on the part of the Permittee shall result in penalties as outlined in the latest published fee schedule and will render the Permittee solely liable for all claims which were proximately caused by Permittee's non-compliance. If a claim, demand or lawsuit against Sandy City, its officers, employees and agents is initiated which arises out of Permittee's non-compliance with the standards and guides set forth in the MUTCD, Permittee will indemnify and hold harmless Sandy City, its officers, employees and agents in accordance with the provisions set forth in Sandy City Ordinance #10-35, "Excavation Permit", Section 13-1-14.
- C) COMPACTION EQUIPMENT. The Permittee will not commence backfilling until approved compaction equipment is on site. Approved compaction equipment will be capable of providing specified compaction. Backhoe buckets will not be considered approved compaction equipment. Jetting will be used only if allowed in writing by the City Engineer.
- D) CUTTING SIDEWALKS, CURB, ETC. Sidewalk, curb and gutter will be removed to the nearest control joint (or score line). Drive approaches may require a saw cut
- E) CUTTING PAVEMENT. Saw cutting or jack hammering of pavement surfaces is the only acceptable method of cutting when any portion of the pavement is composed of Portland cement concrete. All other pavements will be cut in neat vertical straight lines in such a manner as to allow for specified compaction densities along the face of the cut. Any pavement outside the trench, which is damaged by the trenching operation, will be removed to a neat, straight line. The use of hydra hammers is not allowed.

#### **BACKFILLING OPERATIONS**

- F) BACKFILL MATERIAL. Refer to Sandy City Standard Specifications, section 02240.
- G) BITUMINOUS MATERIAL. Bituminous materials will comply with the requirements of Sandy City Standard Specifications, section 02513.
- H) COMPACTION. Refer to Sandy City Standard Specifications, section 02240. Asphalt compaction will meet Sandy City Standard Specifications, section 05000.
- I) RESTORATION OF SURFACES IN KIND. Unless otherwise directed, all surfacing, curbs, gutters, sidewalks, driveways, or other hard surfaces that must be removed in the performance of the work will be restored in kind or better and to acceptable line and grade by the Permittee in accordance with the current Sandy City Specifications. All landscaping and irrigation must be restored to original condition.
- J) BITUMINOUS COURSE THICKNESS. For surface restorations over granular sub-base, the thickness of the bituminous courses will be equal to the adjacent asphalt concrete thickness plus one (1) inch but not less than three inches (3) and six (6) Inches max., unless otherwise specified by the engineer. K) REPAIR OF DAMAGED IMPROVEMENTS IN THE PUBLIC WAY. The Permittee will repair any damaged improvements such as curbing, sidewalks, landscaping, asphalt surfaces, etc. to the satisfaction of the Engineer.
- M) CONCRETE SURFACES. Joints and surfaces will be made to match the original surfaces. The thickness of concrete will be equal to the adjacent concrete, but in no case less than four inches thick. Concrete will meet requirements of Sandy City Standard Specifications.
- N) TEMPORARY SURFACES. Temporary bituminous resurfacing three (3) inches thick will be placed and maintained at street cross cuts and street intersections or at locations determined by the Engineer wherever excavation is made through pavement, sidewalk or driveways. At major intersections and other critical locations, a greater thickness may be ordered. Temporary resurfacing will be placed as soon as the condition of the backfill is suitable for permanent resurfacing. During the time the temporary surface is in place, maintain the surfacing in good condition such that it does not disrupt vehicular traffic. If the temporary surfacing is removed or destroyed, replace the surfacing and clean the surrounding area immediately. The bituminous mixture used for temporary trench resurfacing may be furnished from stockpiles or directly from the plant mixer, but may not be laid cold.
- O) STREET MAINTENANCE. The obligation of the Permittee to inspect and repair work done under the permit will continue for a period of three (3) years. Before commencing the work, the Permittee will identify any damaged public or private facilities in the vicinity of this work. Upon notice from the Engineer, Permittee will immediately repair any injury or damage to the public or private facilities as a result of the work done under the permit. In the event such repairs are not made by Permittee within forty-eight (48) hours after notice, the Engineer is hereby authorized to make such repairs and charge all costs plus 15 percent (15%) for administration to the Permittee. By acceptance of the permit, the Permittee agrees to comply with the above.

#### **ENVIRONMENTAL CONTROL**

- P) DUST AND DEBRIS. Permittee shall keep dust and debris controlled at the work site at all times. If necessary, wet down dusty areas with water and provide containers for debris. Inspector reserves the right to stop the work or issue a citation if dust or debris is not controlled. Immediate stop work order with penalties may be issued for tracking mud, soil or debris into a public right-of-way or for washing dirt or debris in any storm drain, ditch, channel, pipe or gutter.

  Q) NOISE. Keep neighborhood free of noise nuisances. Normal working hours are from 7:00 A.M. to 7:00 P.M. Monday thru Saturday, except as approved by the Mayor's Cabinet.
- R) CLEANUP. Remove all equipment, material, barricades and similar items from the right-of-way. Area used for storage of excavated material will be smoothed and returned to their original contour. Vacuum sweeping or hand sweeping is required when Engineer determines cleaning equipment is ineffective.

For further clarification see Ordinance #10-36, Chapter 1, "Excavation Permit", and the latest edition of the Sandy City Standard Specifications & Details for Municipal Construction, section 02575.



# DEPARTMENT OF PUBLIC UTILITIES

Thomas M. Dolan Mayor

Byron Jorgenson Chief Administrative Officer

TO:

Contractors, Utility Companies, or other persons installing

Shane E. Pace Director

ISSUED BY:

utilities in public streets Sandy City Public Utilities

DATE:

June 1, 2013

SUBJECT:

Guidelines for coordination of utility installations with

Sandy City Public Utilities Department

- Utility installations near Sandy City Public Utilities facilities need to provide a minimum of 3 feet clear horizontal distance between waterlines and drainage lines. The clear horizontal distance is outside to outside distance between the Sandy City Public Utilities facility and the other utilities. Vertical clearance for perpendicular crossings requires that no utilities be located within the space from 18-inches above or 12-inches below the Sandy City utility. In certain situations these distances may need to be increased. Plans, showing the proposed installation, shall be submitted and approved before any construction activities can begin. Sandy City Public Utilities Engineering Division will review these plans. As much as possible, these reviews will be completed within 48 hours of written request.
- 2. There may be times when the required clearances cannot be met. In these cases, the Public Utilities Inspector or the Construction Supervisor will take the lead in resolving issues and working out a location that is acceptable to Sandy City Public Utilities Maintenance. The Public Utilities Inspector and Construction Supervisor will work with the Public Utilities Operation Manager and participate with the Public Utilities Engineering Division to help resolve issues with the Utility Companies and others involved. Sandy City Public Works will issue and administer any permit required (i.e.: roadcut permit).
- 3. Subject to a franchise agreement, or other agreement between the City and the Utility Company, or if no agreement exists, any utility installation that interferes with a City pipeline, or is otherwise required to be moved, will be subject to relocation at the Utility Company's expense. In County and State Roadways, based on the fact that generally the City waterline will predate the installation of other utilities lines, any utility installation that interferes with a City pipeline, or is otherwise required to be moved by the terms of any agreement, will be subject to relocation at the Utility Company's expense.
- 4. Proposed utilities that cross any easement or Right-Of-Way controlled by Sandy City will require a Road Cut Permit from Sandy City Public Works Department. There is an established process to request this Road Cut Permit (contact Monica Peterson, Public Works Department: 801-568-2960).
- Any utility that is installed and does not meet these guidelines and is damaged by the maintenance of any Sandy City pipeline, shall be repaired by the Utility Company at NO COST TO SANDY CITY PUBLIC UTILITES.
- Any Sandy City Utility that is damaged and requires repair shall be repaired according to Sandy City Standards and Specifications.



# STORM WATER POLLUTION PREVENTION PLAN FOR SMALL PROJECTS

The goal of **STORM WATER POLLUTION PREVENTION** is to keep dirt, debris and other construction materials out of the storm drain system by having a plan to control your site and what leaves it.

# BEST MANAGEMENT PRACTICES:

Consider the following practices to help accomplish this goal.

- A control around the disturbed area may be required. This may include a fabric silt fence, a fiber-filled roll, straw wattle or some other method to contain the site. Dirt berms or ditches may also work depending on the site.
- The gutter or storm drain inlet adjacent to the project may need to be protected with a fiber roll or straw wattle.
- Don't forget to restore the site (seed, sod, mulch, etc.) in a timely manner.

# GOOD HOUSEKEEPING PRACTICES:

Keep your site clean and orderly.

- Collect garbage in cans, dumpsters or bags before it becomes a problem.
- Control the tracking of mud and debris onto the road. Do this by keeping trucks out of the mud, sweeping up after them, or giving them a clean surface (paved or rock) to drive on.
- Concrete trucks need something to wash out in. A small swimming pool, a hole in the ground lined with plastic, or some other means can be used to collect the washout.
- Minimize blowing dust. This can be done by wetting the surface throughout the project.
- If a portable toilet is used, keep it at least 6 feet behind the curb and staked down.

Don't forget, this is your project and you are responsible for what happens, good or bad. Storm water pollution is against the law and can result in a citation, so please maintain your site.

Permittee Signature: Suauch Cox Date: 9/7/16

