



P.O. Box 80
Bayfield, Colorado 81122
(970) 884-9544

No. _____

ROAD CUT PERMIT APPLICATION

1. Applicant: _____
2. Address: _____
3. Proposed work to be done: _____
4. Reason for excavation: _____
5. Specific location of cut: _____
6. Date due to be made: _____
7. Estimated square feet of surface excavation: _____
8. *Curb excavation:\$15.00 per linear foot _____
9. **Road cut fees:\$5.00 per sq foot _____
10. ***Sidewalk:\$3.00 per square foot _____
11. Time of completion: _____
(Not more than 10 days from the date cut is made)
12. Is evidence of liability insurance attached? Yes No
13. Is a statement of self-insurance attached? Yes No
14. Are all estimated cut fees attached? Yes No
15. Is applicant aware of all excavation and safety standards required by local Ordinance?
 Yes No
16. Does applicant agree to guarantee all work for a period of 3 years from date Such work was accepted by Town? Yes No
17. Signature of applicant: _____
Date: _____