



**CITY OF BURBANK
PUBLIC WORKS DEPARTMENT**

Pending Permit No. _____

EXCAVATION/CONSTRUCTION PERMIT APPLICATION

DATE APPLIED: _____ START DATE: _____ (Permit valid for two months from plan approval date)

DIG ALERT NO.: _____ DATE ISSUED: _____
(Call 800-227-2600. Give two days notice.)

INSURANCE EXPIRATION DATE: _____
(Note: Minimum \$1,000,000 General Aggregate or \$300,000 Homeowner's Liability. Please ask for additional requirements).

JOB TYPE: Commercial/Industrial Residential CAL/OSHA PER. NO.: _____
(For Excav. 5'+ Deep)

RELATED ON-SITE BUILDING/GRADING PROJECT: _____

JOB SITE: _____ Burbank, CA

DESCRIPTION OF WORK: _____

_____ Initial that the requirements on the reverse side have been read and understood.

_____ **If sewer lateral replacement is greater than 10 linear feet, a backwater valve may be required.**
(BMC Title 8-1-313)

PLANS SUBMITTED: Yes No

(For jobs involving utility trenching and other extensive excavations, submit four [4] sets showing all existing underground utilities in Plan and Cross-section. Where possible conflicts may arise, clear with all affected utilities. Plans will be returned if all substructures are not shown.)

JOB ITEMS	ESTIMATED CHARGES
Sidewalk _____ sq.ft. Centerline Ties _____ no.	Permit Fee \$ 54.00
Apron _____ ft. O/A _____ ft. depth Type _____	Processing Charge \$ 50.00 (for refund)
Curb _____ lin. ft. Gutter _____ lin. ft.	Inspection Charge \$ _____
Ped Ramps _____ no. Curb Drains _____ no.	Construction Deposit \$ _____ (refundable*)
Trenching _____ lin. ft. _____ ft. width	TOTAL \$ _____
AC Pavement _____ sq. ft. _____ in. thick	
PCC Pavement _____ sq. ft. _____ in. thick	

*Finished job must meet City standards.

PERMITTEE: _____ PHONE: () _____
(Name as Insured)

CHECK ONE: Owner Contractor: Burbank Business License No.: _____

ADDRESS: _____
Street City State Zip Code

AUTHORIZED AGENT: _____ TITLE: _____

PERMIT CONDITIONS: _____