



**CITY OF BURBANK  
PUBLIC WORKS DEPARTMENT**

Pending Permit No. \_\_\_\_\_

**UTILITY EXCAVATION PERMIT APPLICATION**

DATE APPLIED: \_\_\_\_\_

START DATE: \_\_\_\_\_ (Permit valid for two months from plan approval date)

DIGALERT NO.: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_  
(Call 800-227-2600. Give two days notice.)

INSURANCE EXPIRATION DATE: \_\_\_\_\_  
(Note: Certificate of Self-Insurance must be filed with the city. Otherwise, minimum \$1,000,000 General Aggregate Liability Insurance with the City as Additional Insured is required.)

JOB NO: \_\_\_\_\_ CAL/OSHA PERMIT. NO: \_\_\_\_\_  
(For Excav. 5'+ Deep)

JOB SITE: \_\_\_\_\_ Burbank, CA

DESCRIPTION OF WORK: \_\_\_\_\_

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

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 _____ X _____ = _____ sq.ft.	Permit Fee \$ 51.35
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: \_\_\_\_\_