



EXCAVATION APPLICATION (STREET/ALLEY/SIDEWALKS)

Application Date: _____ Applicant Name: _____

Excavation Contractor: _____ Contractor Registration Number _____

Contractor Phone No. (____) _____.

Illinois Licensed Plumber's Name: _____ Plumber's Phone No. (____) _____

Street /Alley / Sidewalk Location: _____

Reason For Excavation: _____

Pavement Type (circle one) : **Concrete** **Asphalt** **Brick Pavers** **Gravel / Stone** **Oiled Earth**

Expected Date of Excavation: _____ Expected depth of excavation: _____

Is work expected to be completed on same day (circle one) **YES** **NO**

Expected Start / Finish Time: _____ Start _____ Finish

Type fill material to be used: _____

Traffic Control / Detour Plan: _____

Contractor is responsible for Traffic Control, any barricades, and any plates needed. Contractor is responsible for arranging inspections with The City of Mount Carmel prior to back filling and pavement repairs. Call 618-262-4822 to arrange inspections. Applicant will be notified when application is approved.

Emergency after hours contact number is 618-262-4114

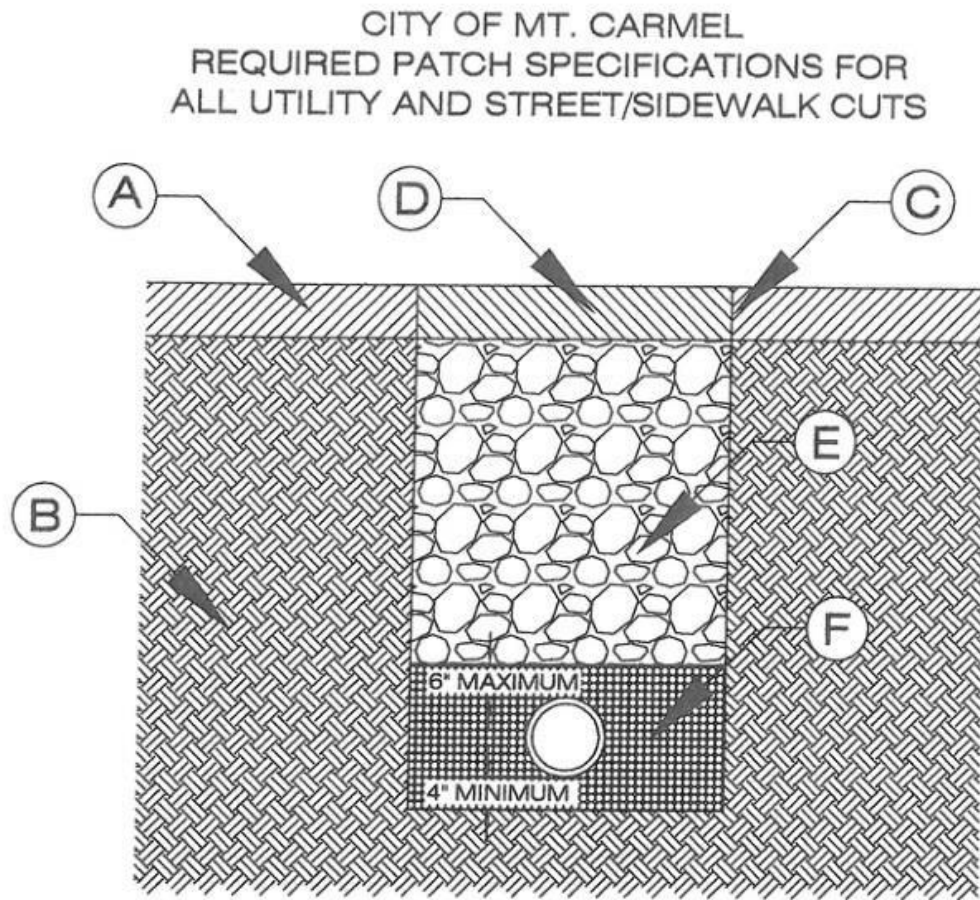
(See Page 2 for City Required Patch specifications for all utility, street / alley / sidewalk cuts)

Contractor Signature

Date



EXCAVATION APPLICATION (STREET/ALLEY/SIDEWALKS)



- A) EXISTING PAVEMENT OR SIDEWALK (CONCRETE, ASPHALT, BRICK, OR COMBINATION)
- B) EXISTING SOIL
- C) SAWED VERTICAL JOINT
- D) NEW PAVEMENT PATCH MATERIAL (CONCRETE OR ASPHALT, 8" MINIMUM THICKNESS)
- E) ROADWAYS: ROAD PACK (CA6) COMPACTED IN 12" LIFTS; OR FLOWABLE FILL MATERIAL
ALLEYS: "PEA" GRAVEL; OR ROAD PACK (CA6) COMPACTED IN 12" LIFTS
- F) COMPACTED DAMP SAND

PINNING OF CONCRETE REQUIRED WHEN EXISTING PAVEMENT SUFFICIENT TO BE PINNED