



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 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

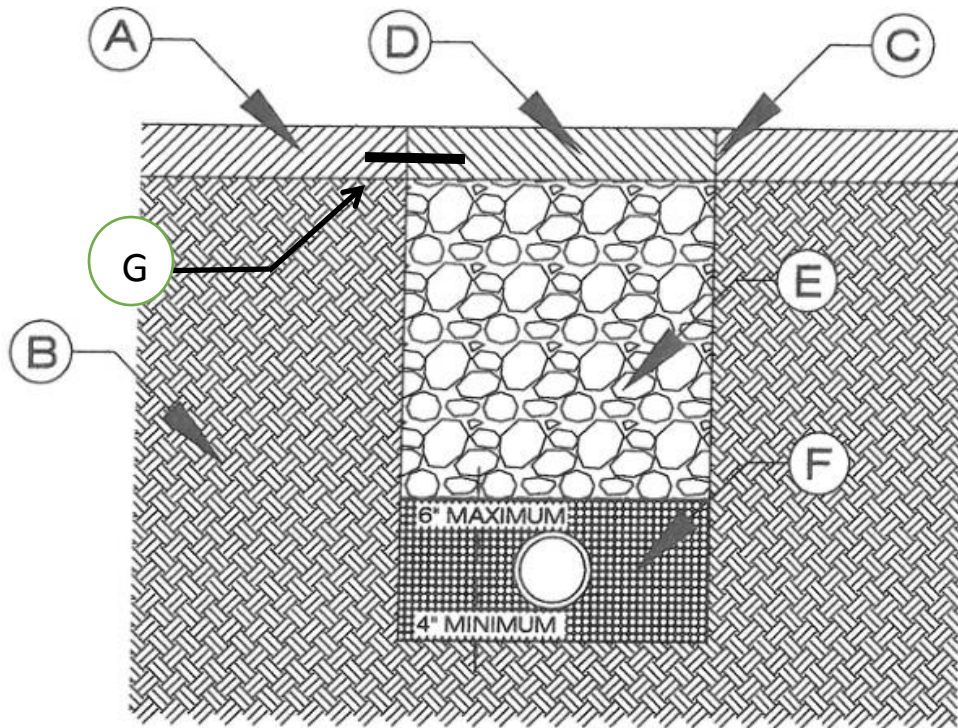
(See Page 2 for City Required Patch Specifications for all Utility, Street/ Alley/Sidewalk cuts)

Contractor Signature

Date

EXCAVATION APPLICATION (STREET/ALLEY/SIDEWALKS)

CITY OF MT. CARMEL
 REQUIRED PATCH SPECIFICATIONS FOR
 ALL UTILITY AND STREET/SIDEWALK CUTS



- 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)** TAMPED "PEA" GRAVEL OR FLOWABLE FILL MATERIAL
- F)** COMPACTED DAMP SAND
- G)** REBAR