

STREET CUT APPLICATION - THE CITY OF LEEDS, ALABAMA
DEPARTMENT OF INSPECTION SERVICES- PUBLIC WORKS
 1404 9th STREET, LEEDS, AL 35094 P.205.699.2585
INSPECTIONS@LEEDSALABAMA.GOV * leedsalabama.gov

1. APPLICANT INFORMATION:		
APPLICANT NAME:	COMPANY:	
APPLICANT ADDRESS (PHYSICAL):		
APPLICANT ADDRESS (MAILING):		
CITY:	STATE:	ZIP:
PHONE:	CELL:	ALT#:
EMAIL:		

2. CONTRACTOR INFORMATION		
APPLICANT NAME:	COMPANY:	
APPLICANT ADDRESS (PHYSICAL):		
APPLICANT ADDRESS (MAILING):		
CITY:	STATE:	ZIP:
PHONE:	CELL:	ALT#:
EMAIL:		

2. PROJECT INFORMATION:		
<input type="checkbox"/> SAME AS ABOVE	PROJECT NAME:	
DESCRIPTION AND REASON FOR WORK:		
WORK LOCATION		
START DATE	END DATE	811 TICKET NUMBER

3. PARCEL INFORMATION:			
SITE ADDRESS:			
TAX PARCEL IDENTIFICATION #:			
SUBDIVISION:			
EXCAVATION DRAWING	TRAFFIC CONTROL:	PERMIT BOND	ADDITION:

4. ATTACHMENTS REQUIRED		
EXCAVATION DRAWING	TRAFFIC CONTROL	BOND
5. ASPHALT REPAIRS		
<input type="checkbox"/> BACKFILL	<input type="checkbox"/> COLD PATCH	<input type="checkbox"/> ASPHALT

ACKNOWLEDGEMENT/CERTIFICATION:

1. INSPECTION REQUEST SHALL BE MADE ON OR BEFORE THE WORK DAY PRIOR TO THE DESIRED INSPECTION DAY BY CALLING THE INSPECTION DEPARTMENT AT 206-699-0903. 2. INSPECTION WILL BE MADE SUBJECT TO THE AVAILABILITY OF THE CITY INSPECTORS. 3. A COPY OF THE APPROVED STREET CUT PERMIT, TRAFFIC CONTROL PERMIT, AND PROPOSED EXCAVATION DRAWING SHALL BE KEPT AT THE PERMIT ADDRESS SITE AND SHALL BE MADE AVAILABLE TO THE CITY INSPECTOR UPON REQUEST.

Signature:	Print Name:
Company:	Date:

OFFICE USE ONLY

(ENTER INFORMATION, DATE AND INITIAL)

DRAWING REVIEW	TRAFFIC CONTROL REVIEW
REPAIR PLAN	
OTHER	
OTHER	
OTHER	

APPROVED / **DECLINED BY:**

DATE:

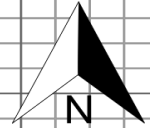
THIS APPLICATION HAS BEEN DECLINED FOR THE FOLLOWING REASON(S)

STREET CUT PLAN

PAVING CUT REPAIRS	
ADDRESS:	_____
AREA MEASUREMENTS:	_____
TYPE OF REPAIRS:	_____
REASONS OF WORK:	_____



INSPECTORS
PUBLIC WORKS



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SIGNATURE:

DATE: