



TOWN OF HORIZON CITY
 14999 Darrington Road
 Horizon City, Texas 79928
 Phone 915-852-1046 Fax 915-852-1005

Cut or Excavation

Permit Application

Location and dimension of planned Cut or Excavate: _____

Applicant Name: _____

Address, City, State, Zip Code: _____

Contact Name: _____ **Phone No.** _____

Dig Test No. _____

Applicant's Contractor: _____

Address, City, State, Zip Code _____

Contact Name: _____ **Phone No.** _____

Names and Phone Numbers of Utility Companies contacted concerning plan to cut:

AT&T _____

Time Warner Cable _____

El Paso Electric _____

Texas Gas Svc. _____

Horizon Regional M.U.D. _____

Purpose of cut: _____

(Sewer line, Water line, Cable, Telephone, etc.)

Start Date: _____ **Completion Date:** _____

All work must be performed between 8 AM and 3 PM Monday thru Friday, excluding weekends and Holidays. Work Zone traffic control must be maintained per the City's Design Standards for Construction (DSC). All work must conform to the provisions of City Ordinance No. 0241 and the DSC. The Public Works Director must be notified within 24 hours prior to the cutting/excavation, placement of backfill, placement of two-sac and placement of HMAC on any street within the city limits. Work cannot begin until permit is approved. Two-sac backfill must cover the entire excavation, and must be allowed to set for 48 hours before placement of HMAC. All work must be in conformance with attached specifications.

Those utilities operating under a franchise agreement are not required to pay the permit fee. Exemption from payment of permit fee. No permit fee will be charged to a utility that pays franchise fees under a franchise agreement with the city or pursuant to state law, a utility exempt for payment of fees under state or federal law, a city department, or for any public works project performed by a city, county, state, or federal agency ("exempt entity"). Contractors applying for a permit to perform work on behalf of an exempt entity shall not be required to pay the permit fee when the applicant provides (i) the utility's verification to the city that such contractor is the agent and authorized representative of the utility for the permit work, or (ii) a governmental entity's verification that such contractor is the agent or authorized representative working on the county, state, or federal public works project under the permit. Each cut or excavation will require a separate permit.

A permittee shall begin the permitted work within thirty (30) consecutive calendar days after the date the permit was issued, and shall pursue completion of the work with reasonable diligence. In the event that the permittee fails to begin work or reasonably pursue completion, the permit shall expire and a new permit will be required. Notify the Public Works Department if you are not able to comply with the above scheduled dates.

If a permittee does not complete the work by the permit expiration date, the permittee must apply for and may be granted a permit extension for an additional thirty (30) consecutive calendar days. An application for the extension of the term of the permit must be submitted to the city for approval by the director of public works or designee prior to the expiration date.

Permit extension fee. The permit extension fee shall be forty percent (40%) of the original permit fee and shall be charged for each thirty-day extension of the permit. Permit extension fees shall be paid prior to issuance of each extension. No permit extension fee will be charged to exempt entities. Each permit extension includes one additional inspection of the permitted work during normal city work hours by city employees.

Applicant's Signature _____ Date _____

APPROVED BY: _____ Date _____

Public Works Director

Pre-Cut/Excavation Inspection

Post Cut/Excavation Inspection

Date: _____ By: _____

Date: _____ By: _____

PLEASE NOTE: Public Works Director must be notified prior to cutting or excavation, back filling and surface restoration. Permits will not be issued without utility companies having been notified, first.

Received By: _____ **Date:** _____

Pay Method: Cash / CK No. _____ **CC** _____ **Fee: See Fee Schedule**