



**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: \_\_\_\_\_

Phone No. & Contact Name: \_\_\_\_\_

Dig Test No. \_\_\_\_\_

Applicant's Contractor: \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

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. Those utilities operating under a franchise agreement are not required to pay the permit fee. Each cut or excavation will require a separate permit.

The permit is void if the work is not started within 30 consecutive calendar days of the issuance of the permit and shall comply. Notify the Public Works Department at 915-852-1046, if you are not able to comply with the above scheduled dates. The Public Works Director must be notified at 915-852-1046 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPROVED BY:**

\_\_\_\_\_  
Public Works Manager

\_\_\_\_\_  
Date

Pre Cut/Excavation Inspection

Post Cut/Excavation Inspection

Date: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

PLEASE NOTE: Public Works Mgr. 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