

CITY OF ORLEANS
RIGHT OF WAY EXCAVATION PERMIT

(\$25.00 Fee)

PERMIT NO. _____

Owner _____

Owner's Address _____

Name of Excavator _____ Cell Phone # _____

Excavator's Address _____

Location of Work _____

Description of Work _____

Approximate Date Work is to Commence: _____

Approximate Date Work is to be Completed: _____

Will this result in a street closing to traffic?

(Yes) _____ (No) _____

The applicant hereby agrees, in consideration of the issuance of the permit, to assume responsibility for and to hold the City harmless in regard to any and all claims of injury or damage arising from the acts or omissions of the applicant or his/its agents while acting under the authority of this permit. The applicant further agrees to comply with the provisions of Chapter 29 CFR Part 1926.650, 651, and 652 as adopted by the Iowa Division of Labor.

It is clearly understood that the issuance of this permit does not relieve the excavator of the responsibility to notify and clear with owners of all utilities in the City.

FOR UTILITY NOTIFICATION CALL IOWA ONE CALL 1-800-292-8989

Signature of Excavator or Authorized Representative:

_____ Date: _____

Approved By _____ Fee Paid _____ Date _____