80 West 50 South Box 593



Encroachment/Excavation Permit Application

| Applicant/Owner(s) of Record: | | | |
|---|---|---|--|
| Name | Phone Number | | |
| Mailing Address: | | | |
| City: | State: | Zip: | |
| E-Mail Address: | Fax: | | |
| Authorized Representative to V | Whom All Correspondenc | e is to be Sent: | |
| Name: | Phone: | | |
| Mailing Address: | | | |
| City: | State: | Zip: | |
| E-Mail Address: | Fax: | | |
| Project Information: Parcel #: _ | | - | |
| Project Name: | | | |
| Location/Address: | | | |
| Size of Excavation: ft. x _ | ft. = | | |
| Size of Asphalt Cut: ft. x | ft. = | | |
| be processed until all application fees are acceptance of such fees by City Staff does complete or appropriate in any manner. The ultimately make such determinations. I her information submitted as part of this application. | paid. PLEASE NOTE REGARDING s not constitute any sort of approva ne collection of fees is simply a req reby declare under penalty of perju cation form is true, complete, and a ed in connection with this application | Is, vesting, or signify that the application is uirement to begin the review process that will ry that this application form, and all ccurate to the best of my knowledge. Should n form be incorrect or untrue, I understand | |
| Owner(s) Signature: | | | |
| | D | ate: | |

WILLARD CITY

CHECKLIST & REVIEW PROCEDURE FOR EXCAVATION PERMIT

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| Criteria for Approval |
| ☐ The proposed use will not be in violation of any City, State, and Federal Laws. |
| ☐ The applicant shall present evidence to show approval of the landowner for the particular use, unless the land is owned by the applicant and, in such case, the applicant shall submit proof of ownership. |
| ☐ The applicant shall demonstrate that he/she possesses the requisite skills and experience to ensure that the particular use will be conducted in a safe and orderly manner. |
| ☐ The use will not adversely affect in a significant manner, the public health, safety and welfare. |
| General Submission Requirements |
| ☐ Completed application form |
| ☐ Application fee \$100 plus actual engineering review cost, bonds and cost of required legal notices (if any). |
| ☐4 copies of a detailed site plan drawn to scale (2 copies on 11" x 17" paper size and 2 copies on 24" x 36" paper size), electronic copies (In pdf format) of all submissions as required, including, at a minimum: |
| □□Vicinity Map & North Arrow; |
| ☐Scale; |
| ☐Property lines; |
| ☐Traffic Control and Pedestrian Safety Plan, if required |
| The location and description of all proposed excavation activities, the following requirements from either Types 1 or 2: |
| Type 1 - Regular Grading (less than 5,000 cu. yd.) |
| ☐General Vicinity Map |
| ☐ Site drawing with limiting dimensions of grading with depths of cut and fill, |
| ☐ Location of property lines, location of buildings or structures within 15 feet of |

work, and location of all drainage features.

 \square Erosion Control and Revegetation Plan

| ☐ A statement indicating fill material was parties and the Box Elder County Recorders Office to on notice of this grading work. | |
|--|--------------------------------------|
| ☐Post a Restoration and Revegetation Be estimated to remove all materials placed a vegetation. | |
| ☐The imported fill material shall be place lines shown on the submitted plan so that pile area. | |
| ☐Review weed control measures with pu | blic works staff. |
| Type 2 - Engineered Grading (more tha | n 5,000 cu. yd.) |
| ☐General Vicinity Map | |
| ☐Site drawing with limiting dimensions of | grading with depths of cut and fill, |
| \Box Location of property lines, location of but Work and location of all drainage features. | _ |
| ☐ Erosion Control and Revegetation Plan | |
| ☐Post a Restoration and Revegetation Beestimated to remove all materials placed a vegetation. | • |
| ☐Soils engineering (geology) report and | recommendations |
| ☐ Provide a Weed Control Plan. | |
| ☐ Storm Water Pollution Prevention Plan and Development Standards, Engineering Require for Public Works Projects (if applicable) | |
| □ Additional information may be required (Yes No (staff determination) | See attachment as appropriate) |
| RECEIVED BY: | DATE: |