CITY OF HAMPTON
APPLICATION FOR EXCAVATION

APPLICANT NAME: _____ PHONE:_____

APPLICANT ADDRESS:_____

ADDITIONAL CONTACT INFO (SUBCONTRACTOR):_____

EXCAVATION LOCATION: _____, HAMPTON, IOWA.

PROPERTY OWNER(S): _____

PURPOSE FOR EXCAVATION: (Must include for whom and by whom the excavation is to be made)

_____

_____

_____

START DATE: _____ EST. COMPLETION DATE: _____

*****By signing this document, the Applicant agrees (per city policy) that it is their responsibility to return/replace all materials removed from the excavation site. Concrete, asphalt and/or gravel removed from the City Utility Easement or Right-of-Way (including streets, alleys and highways) shall be returned to the state it was found prior to excavation. Work must be completed within thirty (30) days of completion of excavation unless written consent for other means has been approved by the City of Hampton.*****

APPLICANT SIGNATURE: _____ DATE:_____

DATE OF APPLICATION: _____

APPROVED BY:_____ DATE:_____

Code Enforcement Officer - City of Hampton