



**CITY OF CIRCLEVILLE DEPARTMENT OF PUBLIC SERVICE  
STREET EXCAVATION BOND**

Call O.U.P.S. 48 hours before digging 1-800-362-2764  
Water and Sanitary Sewer locate 740-477-8255 Storm Sewer locate 740-477-8224

APPLICATION DATE: \_\_\_\_\_ PERMIT#: \_\_\_\_\_

LOCATION OF EXCAVATION: \_\_\_\_\_ DATE OF EXCAVATION: \_\_\_\_\_

CONTRACTOR/ APPLICANT \_\_\_\_\_ PHONE: \_\_\_\_\_  
(CIRCLE ONE)

APPLICANT E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARTY RESPONSIBLE FOR EXCAVATION: \_\_\_\_\_

PURPOSE OF EXCAVATION: \_\_\_\_\_

**SIZE OF OPENING(S)**

\_\_\_\_\_ FT X \_\_\_\_\_ FT = \_\_\_\_\_ SF  
\_\_\_\_\_ FT X \_\_\_\_\_ FT = \_\_\_\_\_ SF  
\_\_\_\_\_ FT X \_\_\_\_\_ FT = \_\_\_\_\_ SF

AVERAGE DEPTH \_\_\_\_\_  
AVERAGE DEPTH \_\_\_\_\_  
AVERAGE DEPTH \_\_\_\_\_

TOTAL AREA = \_\_\_\_\_ SF

**BOND DEPOSIT REQUIRED:**

BASE AREA FEE (min. 20 s.f.)           \$ 400.00  
INSPECTION FEE (non refundable)       \$ 40.00  
ADDITIONAL AREA  
\_\_\_\_\_ sq ft X \$ 10.00 =               \$ \_\_\_\_\_  
TOTAL BOND REQUIRED                       \$ \_\_\_\_\_

**\*RETURN DEPOSIT TO:**

OWNER                   \_\_\_\_\_   
CONTRACTOR            \_\_\_\_\_   
APPLICANT               \_\_\_\_\_   
OTHER                    \_\_\_\_\_

STREET CLOSURE REQUIRED: NO \_\_\_\_\_ YES \_\_\_\_\_ (IF YES, PERMIT APPROVED?)

**A DRAWING SHOWING EXACT LOCATION AND SIZE OF EXCAVATION MUST BE ATTACHED.  
ALL MATERIALS AND METHODS OF CONSTRUCTION MUST CONFORM TO THE CURRENT  
CITY STANDARDS. CONTRACT THE DEPARTMENT OF PUBLIC SERVICE FOR INSPECTION AT  
LEAST 24 HOURS PRIOR TO WORK.**

SIGNATURE OF OWNER/APPLICANT/CONTRACTOR \_\_\_\_\_

DATE \_\_\_\_\_ PAID BY: PERFORMANCE BOND \_\_\_\_\_ CASH \_\_\_\_\_ CHECK# \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

EXCAVATION APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

cc: 1) Applicant                   2) File                   3) Inspector               4) Utility Office

**\*ALL BOND PAYMENTS ARE HELD FOR 14 MONTHS**

(Revised 11/2015)

**PLEASE CALL 740-477-8224 FOR AN INSPECTION PRIOR TO:**

- 1) BACK FILLING.**
- 2) RESTORING PAVEMENT.**

**THIS PAGE FOR  
OFFICE USE  
ONLY.**

PLEASE DO NOT WRITE  
ON THIS PAGE.

## **INSPECTOR'S REPORT**

**1) INSPECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**2) INSPECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS** \_\_\_\_\_

\_\_\_\_\_

### **FINAL INSPECTION**

**DATE** \_\_\_\_\_

**INSPECTOR** \_\_\_\_\_

**RELEASE BOND YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF NO, ADDITIONAL REQUIREMENTS** \_\_\_\_\_

\_\_\_\_\_