

APPLICATION AND RIGHT OF WAY EXCAVATION PERMIT

**IN: 011-3705-312.11-10**

Email:ExcPermits@ci.alamogordo.nm.us

Date: \_\_\_\_\_ License No.: \_\_\_\_\_ License Classification: \_\_\_\_\_



Owner of Utility: \_\_\_\_\_ Permit No.: \_\_\_\_\_


Location of Work: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reference Point Legend

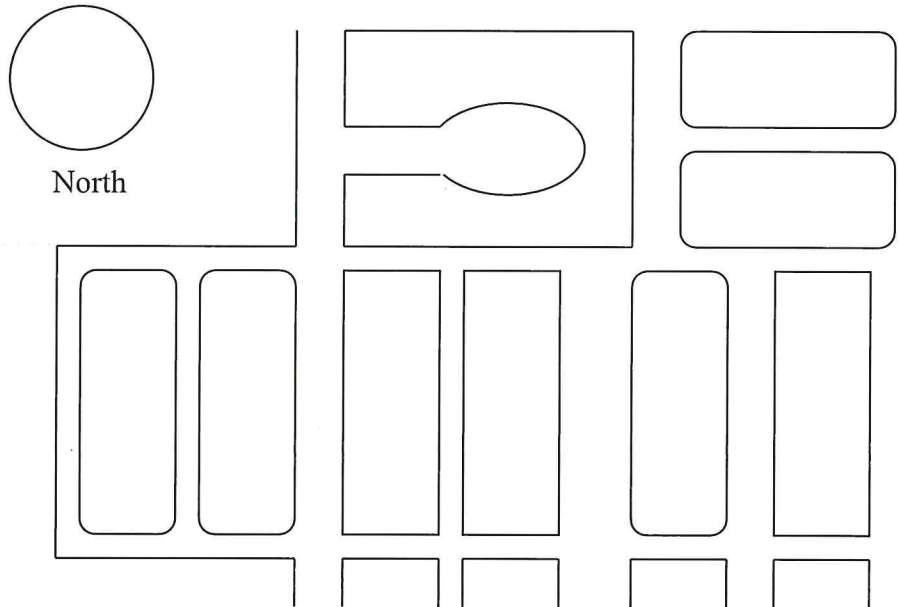
Property Center 

Manhole 

Water Valve 

Fire Hydrant 

Back of Curb 



I, \_\_\_\_\_, HAVE READ AND UNDERSTAND THE REQUIREMENTS CONTAINED IN THE "RIGHT OF WAY EXCAVATION REGULATIONS" AND WILL FOLLOW ALL PROCEDURES AND REQUIREMENTS CONTAINED THEREIN.

**TESTING SHALL COMPLY WITH SECTION 1.2.3.9 OF THE EXCAVATION REGULATION FOR THE WORK TO BE CONSIDERED SUBSTANTIALLY COMPLETE OR COMPLETE.**

PERMIT IS CONSIDERED NULL AND VOID IF THE WORK HAS NOT BEGUN WITHIN ONE (1) CALENDAR WEEK FROM THE DATE OF PERMIT ISSUANCE (SECTION 2.1.9).

\_\_\_\_\_  
CONTRACTOR SIGNATURE/DATE

\_\_\_\_\_  
PW INSPECTOR AUTHORIZATION/ DATE

FOR INTERNAL USE ONLY

COMMENCEMENT DEADLINE: \_\_\_\_\_

SEWER/WATER TAP DATE: \_\_\_\_\_

BASE COURSE DATE: \_\_\_\_\_

COMPLETION DEADLINE: \_\_\_\_\_

PRE-FINAL DATE: \_\_\_\_\_

FINAL DATE: \_\_\_\_\_