

FIBER, GAS, ELECTRICAL, PHONE, AND COMMUNICATIONS UTILITY PERMIT REQUEST
City of Rapid City Public Works/ Engineering Services

OWNER INFORMATION

Owner Name:
Mailing Address:
City:
State:
Zip Code:
Contact Person:
Phone #:
Email Address:

CONTRACTOR INFORMATION

Company Information:
Mailing Address:
City/State:
Licensed Trenching or
Sewer/Water Contractor:
Superintendent:
Phone #:
Email Address:

LOCATION OF WORK

Street Name:
Classification:
Street/Alley To: From

TRENCH BACKFILL REQUIREMENTS

Backfill Material:
Other Material:
Backfill Testing Req.?
Testing Company:

TYPE OF UTILITY

Utility:

SURFACING REQUIREMENTS

Paving Contractor:
Contractor Contact:
Base Depth:
Pavement Depth:

PURPOSE AND DESCRIPTION OF CONSTRUCTION

Purpose of Construction:
Type:
Carrier Size:
Description:

OTHER SURFACING REQUIREMENTS

Site Reclamation Plan:
Erosion/Sediment Permit Req.?
Comments:

METHOD AND DETAILS OF INSTALLATION

Method:
Trench Width:
Trench Depth:
Locator Tape:
Underground Facilities:
Surface Facilities:

TRAFFIC CONTROL

Traffic Control Plan Req.?
Traffic Control Contractor:
All traffic control shall comply with Manual on Uniform Traffic Control Devices (MUTCD). Attach plan below using button if applicable.

GENERAL COMMENTS/SPECIAL CONDITIONS

REMOVAL AND REPLACEMENT QUANTITIES

Driving Surface Removal:
Area (SF):
Other Concrete:
Length (LF):
Other Removals:
Other (Describe):

DATE AND PERMIT INFORMATION

Permit Number:
Date Issued/Date Expired:
Scheduled Start/Completion:
Order Number:
Permit Issued By:

NOTES



CITY OF RAPID CITY

RAPID CITY, SOUTH DAKOTA 57701

Public Works Department Engineering Services Division

300 Sixth Street

Telephone: (605) 394-4154 Fax: (605) 355-3083

Web: www.rcgov.org

PUBLIC SERVICE ANNOUNCEMENT WORKSHEET

Date: _____

Project Name: _____

Street(s) where traffic will impacted:

Identify beginning and ending locations of traffic control impacts. This may include areas outside of the immediate construction zone.

Description of work being completed:

As examples:
Water, Sewer, Road Repair
EMERGENCY REPAIR
Complete reconstruction
Etc....

Is this a FULL CLOSURE
 TRAFFIC RESTRICTION
 WORK ADJACENT TO THE ROADWAY

START DATE: _____

COMPLETION DATE: _____

PROJECT WEBSITE (if available) _____

CONTACT INFORMATION

Company Name: _____

Contact Person: _____

Contact Phone Number: _____

CITY INSPECTOR: _____

ATTACH MAP showing construction area and limits (pdf preferred)

Public Service Announcement worksheet and traffic control plan shall be submitted **5 days prior to work.**