



City of Bloomfield

Street Excavation Permit

Date: _____

Applicant's name: _____

Mailing address: _____

Physical address: _____

Phone number: _____ Mobile number: _____

Fax number: _____ E-mail: _____

Project location (street address): _____

Type of street: Paved _____ Unpaved _____

Purpose of excavation: _____

Dimension of excavation: _____

Contractor: _____ License # _____

Proof of liability insurance: _____ Expiration: _____

Deposit: Cash: ___ Bond: ___ (copy of bond must be attached to application).

Applicant signature: _____ Date: _____

❖ Inspection / Admin. Fee of \$25.00(non-refundable) plus deposit.

Permit deposit paid - Amount: \$ _____ Cash: ___ Check #: _____

Permit - approved ___ denied ___ by: _____ Date: _____

(City of Bloomfield)

Final inspection by: _____ Approved: ___ Rejected ___ Date: _____

(City of Bloomfield)

Comments: _____
