



FREMONT COUNTY
DEPARTMENT OF TRANSPORTATION
STREET CUT PERMIT



Colorado 811 must be notified prior to excavation

PERMIT # _____ INSURANCE POLICY # _____ PERMIT BOND # _____

APPLICANT: _____

CONTRACTOR NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

EXCAVATION LOCATION: _____

SURFACE TYPE: _____

PURPOSE OF EXCAVATION: _____

TRAFFIC PLAN: _____

COMMENCEMENT DATE: _____ COMPLETION DATE: _____

MATERIAL SOURCE: _____

EST. LENGTH: _____ FT / WIDTH _____ / DEPTH _____

EXCAVATION SKETCH

IN ACCEPTING THIS PERMIT THE UNDERSIGNED, REPRESENTING THE PERMITTEE, VERIFIES THAT HE/SHE HAS READ AND UNDERSTANDS ALL APPLICABLE RESOLUTIONS, ORDINANCES, RULES AND REGULATIONS; THAT HE/SHE HAS THE AUTHORITY TO SIGN FOR AND BIND THE PERMITTEE, THAT THE PERMITTEE IS BONDED AND INSURED WITH FREMONT COUNTY. BY VIRTUE OF SIGNATURE IS BOUND BY ALL THE CONDITIONS APPLICABLE.

PERMIT IS VALID FOR 30 DAYS _____ DUE DATE (DOT USE ONLY)

SIGNATURE DATE

DEPT OF TRANSPORTATION REPRESENTATIVE DATE

PERMIT FEE	\$ _____	JOB NUMBER	_____
PENALTY FEE	\$ _____	CASH	_____ CHECK _____
TOTAL FEE	\$ _____	BILL	_____ DATE _____

FAX BACK TO: 719-275-2120

OR EMAIL: Annette.ortega@fremontco.com

Revised 12/4/19