

# STREET CUT PERMIT

PERMIT #:

**CITY OF SILOAM SPRINGS, ARKANSAS**

DATE

**PART I: TO BE COMPLETED BY APPLICANT**

APPLICANT	<input style="width: 95%; height: 25px;" type="text"/>	PHONE NO	<input style="width: 95%; height: 25px;" type="text"/>
ADDRESS	<input style="width: 95%; height: 25px;" type="text"/>	CELL NO	<input style="width: 95%; height: 25px;" type="text"/>
CONTRACTOR	<input style="width: 95%; height: 25px;" type="text"/>	PHONE NO	<input style="width: 95%; height: 25px;" type="text"/>
ADDRESS	<input style="width: 95%; height: 25px;" type="text"/>	CELL NO	<input style="width: 95%; height: 25px;" type="text"/>
LOCATION OF WORK	<input style="width: 95%; height: 25px;" type="text"/>		
DESCRIPTION OF WORK	<input style="width: 95%; height: 25px;" type="text"/>		
DESIRED START DATE	<input style="width: 95%; height: 25px;" type="text"/>		

IT IS UNDERSTOOD AND AGREED TO THAT ANY INSTALLATION OR WORK COVERED BY ANY PERMIT ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO STATE AND OR CITY RULES AND REGULATIONS PRESCRIBED BY THE CITY OF SILOAM SPRINGS. I FULLY UNDERSTAND THE ATTACHED STREET CUT/ ROAD BORE POLICY AND PROCEDURES AND AGREE TO COMPLY.

NAME	<input style="width: 95%; height: 25px;" type="text"/>	TITLE	<input style="width: 95%; height: 25px;" type="text"/>
SIGNATURE	<input style="width: 95%; height: 25px;" type="text"/>	DATE	<input style="width: 95%; height: 25px;" type="text"/>

**PART II : TO BE COMPLETED BY THE CITY OF SILOAM SPRINGS**

<b>FEES:</b> (CHECK BOXES)	INSPECT FEE: BORE	<input type="checkbox"/>	\$50.00	ADMIN. REVIEW FEE:	<input type="checkbox"/>	\$50.00	BOND RECEIVED:	<input style="width: 95%; height: 25px;" type="text"/>
	INSPECT FEE: CUT	<input type="checkbox"/>	\$100.00	<b>TOTAL FEES PAID:</b>	<input style="width: 95%; height: 25px;" type="text"/>	BOND ISSUE DATE:	<input style="width: 95%; height: 25px;" type="text"/>	
START DATE	<input style="width: 95%; height: 25px;" type="text"/>	NOTIFICATION DATE	<input style="width: 95%; height: 25px;" type="text"/>	BOND RELEASE DATE:	<input style="width: 95%; height: 25px;" type="text"/>			

APPROVALS:	DATE	SIGNATURE	APPROVAL
CITY ENGINEER	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
COMMENTS:	<input style="width: 95%; height: 25px;" type="text"/>		
STREET DEPARTMENT	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
COMMENTS:	<input style="width: 95%; height: 25px;" type="text"/>		

THE CITY OF SILOAM SPRINGS CONSTRUCTION MANAGER MUST BE NOTIFIED AND PRESENT ON SITE BEFORE ANY BASE MATERIALS OR BACK-FILL IS PLACED INTO THE TRENCH. PLEASE CALL THE PUBLIC WORKS DEPARTMENT AT (479) 238-0927, DURING NORMAL WORKING HOURS, TO SET UP AN INSPECTION TIME. NORMAL WORKING HOURS ARE FROM 8:00 AM TO 5:00 PM, MONDAY THROUGH FRIDAY. A STREET CUT REPAIR DETAIL CAN BE OBTAINED FROM THE PUBLIC WORKS OFFICE.

STREET CUT REPAIR INSPECTION	<input style="width: 95%; height: 25px;" type="text"/>			
ONE YEAR INSPECTION FOR BOND RELEASE:	<input style="width: 95%; height: 25px;" type="text"/>			
COMMENTS:	<input style="width: 95%; height: 25px;" type="text"/>			

**STREET CUT PROCEDURES**



**CITY OF  
Siloam Springs**

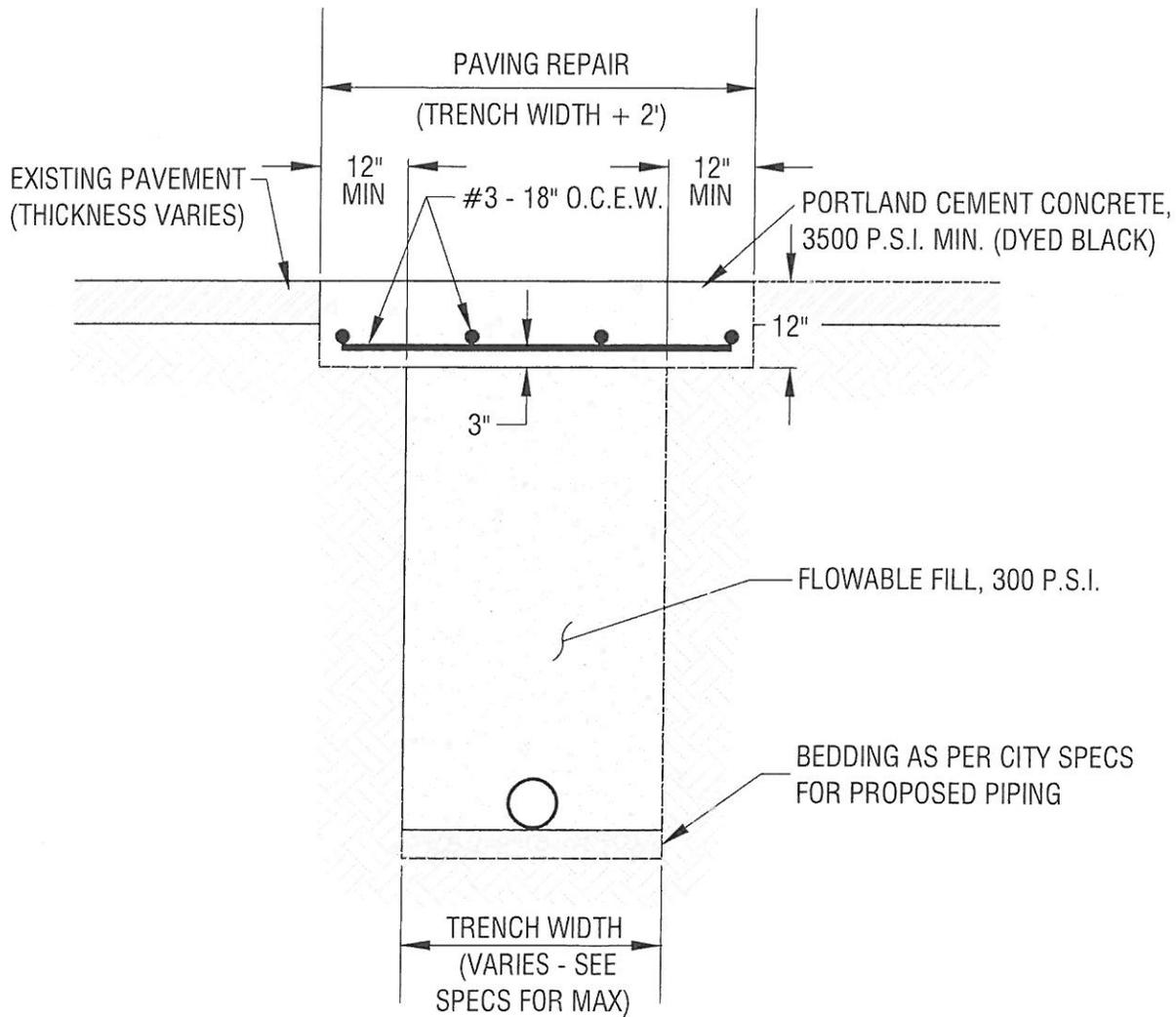
1. No street cut shall take place until application process is completed with the City of Siloam Springs, Engineering Department. Seven (7) days notice is required prior to commencement of work. Only after approval will work be allowed to begin. Permit cost is \$150.00.
2. Prior to the issuance of a permit, the applicant shall post a surety bond, cash, or irrevocable letter of credit in the sum of \$2,500.00, to be held by the City for a period of twenty-four (24) months. (400 N Broadway, Siloam Springs, AR 72761)
3. Work zones meeting MUTCD regulations must be set up at all street cut locations to insure worker, traffic and public safety.
4. If full street closure is required, the contractor must provide written notice to the city administrator at least 72 hours in advance of the start of work. The local newspaper and television station must also be contacted and the closure must be published at least 72 hours prior to starting work. Permittee shall occupy or close the street only as specifically provided in the permit issued by the City.
5. The contractor is required to call for all utility locates from Arkansas One-call at 1-800-482-8998 prior to commencement of work.
6. All street cuts must be visibly marked, and must be saw-cut on all sides to insure smooth straight edges before any excavations begin.
7. The City of Siloam Springs Construction Manager must be notified before any base materials or back-fill is placed into the trench. NO BACK-FILL MAY BE PLACED INTO AN OPEN TRENCH WITHOUT THE PRESENCE OF THE CONSTRUCTION MANAGER. Please call the Engineering Department at (479) 238-0927 during normal working hours to set up an inspection time. Normal working hours are from 8:00am to 5:00pm, Monday through Friday. Any party needing to make an emergency street cut after those hours must call Police Dispatch at (479) 524-4118. A \$20.00 per hour charge will be assessed to all after hour call outs, in addition to the normal charges.
8. Compacted SB2 or flowable back-fill is required for all back filling. Base material must be placed into trench in no more than 6-inch lifts, and each lift must be machine stamped to a minimum of 95% density. (See Street Cut Repair Detail attachment for specifications.)
9. The party making the cut shall be responsible for any future settling of the street cut for a period of twelve (12) months from the date the repair is completed.
10. The surety bond, cash, or irrevocable letter of credit on file with the City shall be returned to the applicant only after the City has conducted and passed the two (2) year inspection.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Represented

# STREET CUT REPAIR DETAIL



## NOTES:

1. REPAIRS SHALL EXTEND ONE FOOT (1') BEYOND EACH SIDE OF TRENCH
2. REINFORCEMENT CHAIRS OR APPROVED DEVICE SHALL BE USED AND ALL REBAR CROSSINGS TIED
3. REPAIRS SHALL MATCH EXISTING GRADE
4. ONE (1) TEST REQUIRED FOR EVERY FIFTY (50) L.F. OF TRENCH, MIN. ONE (1) PER TRENCH
5. FIELD DENSITIES TO BE VERIFIED BY TESTING LAB AT CONTRACTOR'S EXPENSE