



CITY OF PERU
 35 S Broadway
 Peru, IN 46970
 Phone: 765-473-4881
 Fax: 765-472-5815
 Street Dept: 765-472-2501

| | |
|----------------------------------|--------------|
| CUT PERMIT | Case # _____ |
| Application Approval Date: _____ | |
| Date Issued: _____ | |
| Parcel # _____ | |

CUT PERMIT STREET, CURB, ALLEY

Cut Location:

(nearest address if none)

| | | | |
|-----------------|-----------------------|--------|--|
| Est Start Date: | Est. Completion Date: | CHECK: | <input type="checkbox"/> STREET <input type="checkbox"/> CURB <input type="checkbox"/> ALLEY |
|-----------------|-----------------------|--------|--|

| | | | |
|-----------------------|---------------------|--|--------------|
| Property Owner | Property Owner Name | | |
| | Mailing Address | | |
| | City, State, Zip | | Phone: |
| | Email: | | Other Phone: |

| | | | |
|-----------------------|--------------------------------|--|--------------|
| Applicant Info | Applicant Name (if not owner): | | |
| | Mailing Address | | |
| | City, State, Zip | | Phone: |
| | Email: | | Other Phone: |

Contractors

| Contractor Name | Phone |
|---|-------|
| If tapping into the sewer main, you MUST be a licensed plumber! | |
| | |

PROJECT DETAILS:

(EXAMPLE: INSTALL DRIVEWAY, SEWER REPAIR, RETIRE GAS SERVICE, LINE BREAK, ETC.)

Is this project an emergency? NO YES, EXPLAIN:

| | | | |
|--|-----------------------------|------------------------------|----------|
| LENGTH OF EXCAVATION: | | WIDTH OF EXCAVATION: | |
| DEPTH OF EXCAVATION: | | TOTAL CU FT OF EXCAVATION: | |
| IS A UTILITY PERMIT NECESSARY? (New Sewer or Water Service) | <input type="checkbox"/> NO | <input type="checkbox"/> YES | PERMIT # |

*******NOTE TO CONTRACTOR: CALL 811 before you dig!**

-Project Plans: Comprehensive drawings must be submitted as an attachment with your application for approval.

-PERU UTILITIES will review the project details for this application and MUST be allowed to inspect the sewer or water repair/ installation before it is buried. ****CALL 765-473-7651 to schedule!****

-If tapping into the Sanitary Main, you must be a licensed plumber.

-Contractor MUST contact the Street & Sanitation Department at 765-472-2501 PRIOR to any cut being made.

-Contractor MUST contact Street & Sanitation Department to notify them in ADVANCE of the date of repair.

-STREET DEPARTMENT will monitor for proper repair to the street, alley or curb.

-The cut site MUST be repaired to its original state or per the schematic provided.

By submitting this application, the Contractor/Applicant understands and agrees to the above.

APPLICANT SIGNATURE: _____ DATE: _____

CUT PERMIT DRAWING & REPAIR SCHEMATIC

CONTRACTOR'S DRAWING: (DRAW BELOW OR ATTACH A DRAWING TO THIS APPLICATION)

REPAIR SCHEMATIC:

