City of
Santa Monica®

Department of Public Works
Phone: (310) 458-8737
E-Mail: Excavate@smgov.net

EXCAVATION PERMIT APPLICATION

All sections must be completed.

Date: _____

For City Use:
Permit Number: _____

(1) Applicant

Company: _____

Contact Name: _____

Address: _____

_____

Phone Number: _____

E-mail address: _____

Applicant City Business License Number (if applicable): _____

(2) Description of excavation work

Job Site Address: _____

Work Description: _____

_____

Total Length of Excavation: _____ Total Width of Work Site: _____

☐ Check if related to a utility undergrounding requirement of a building permit?

(3) Utility Company on Behalf of Whom Application is filed

☐ Check box if same as (1) and skip to (4)

Company: _____

Contact Name: _____

Address: _____

_____

Phone Number: _____

E-mail address: _____

(4) Contractor Performing Work

☐ Check if for "Bidding Purposes Only"

☐ Check box if same as (1)

Company: _____

Contact Name: _____

Address: _____

_____

Phone Number: _____

E-mail address: _____

Santa Monica Business License Number: _____

Applicant agrees to abide by all requirements of the Santa Monica Municipal Code and conditions set forth on the permit. Failure to comply may result in permit revocation and/or civil penalties.

Signed: _____ Title: _____

Print Name: _____ Date: _____