Print Form

CITY OF AVALON
EXCAVATION PERMIT

Name of Applicant: _____

Billing Address: _____

Address of Excavation: _____

Location of Excavation: _____

Estimated Square Footage: _____

Purpose of Excavation: _____

Date excavation will begin: _____ Date restored: _____

Special Conditions: _____

I have read Sections 7-2.01 through 7-2.14 with revisions dated October 16, 1990 of the Avalon Municipal Code and agree to abide by all conditions contained therein and stated above.

I understand that a lack of compliance with applicable City Ordinances or conditions will result in either partial or total forfeitures of any deposit.

The applicant agrees to defend and indemnify and hold the City of Avalon, its officers, agents and employees, harmless from any and all claims, damages, losses, costs and expenses, including reasonable attorney's fees arising out of the applicant's activities.

Applicant agrees to provide Comprehensive General Liability Insurance in limits of not less than $500,000 per person and $500,000 per occurrence of death or bodily injury, and $500,000 per occurrence of property damage: naming the City of Avalon, its officers, agents and employees as additional insured. The policy shall contain a provision that it may not be cancelled except on thirty (30) days written notice to the City.

	Total Square Footage of Excavation (Per City Staff)
$15.50	Cost per square foot
	Subtotal ($50.00 minimum)
X 20%	Administration
	Total Repair Fee
$195.00	plus Excavation Permit Fee
	Total Fees

Signature of Applicant: _____

City Approval: _____ Date: _____

Total Fee: $ _____ Date Paid: _____

Original to: Building Department
cc: Public Works
Fire Department
Code Enforcement