

CITY OF STURGEON BAY

STREET OPENING PERMIT APPLICATION

I HEREBY MAKE APPLICATION FOR A STREET OPENING PERMIT AS REQUIRED BY CHAPTER 8.05 OF THE MUNICIPAL CODE OF THE CITY OF STURGEON BAY.

Owner of Premises \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Street Opening \_\_\_\_\_

Mailing Address of Owner \_\_\_\_\_

Contractor \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address of Contractor \_\_\_\_\_

Reason for Opening Street \_\_\_\_\_

DEPOSIT CALCULATION

SQUARE FEET OF FINISHED SURFACE TO BE REMOVED:

Table with 3 columns: Description, Rate, and Total. Rows include Linear Feet of Curb & Gutter, Square Feet of Street or Alley Surface, Square Feet of Sidewalk Surface, and a TOTAL row.

CERTIFICATE OF APPLICATION

I HEREBY CERTIFY THAT I AM FAMILIAR WITH AND WILL CONFORM TO ALL REQUIREMENTS OF THE CITY OF STURGEON BAY CODE (8.05 - EXCAVATIONS) COVERING THE WORK FOR WHICH THIS PERMIT IS REQUESTED, AND THAT REPAIRS MUST BE COMPLETED NOT EARLIER THAN 15 DAYS NOR LATER THAN 30 DAYS FROM DATE OF EXCAVATION.

(Signature of Applicant)

CERTIFICATE OF OWNER

I HEREBY CERTIFY THAT I WILL ABIDE BY THE REQUIREMENTS OF SECTION 8.05 (EXCAVATIONS) OF THE MUNICIPAL CODE OF THE CITY OF STURGEON BAY AND AGREE THAT IF THE COST OF THE SURFACE RESTORATION EXCEEDS THE AMOUNT OF DEPOSIT THAT I WILL BE RESPONSIBLE FOR PAYMENT OF A SAID BALANCE (IF PAYMENT IS NOT MADE WITHIN 30 DAYS OF BILLING, THE BALANCE WILL BE CARRIED ON THE TAX ROLL AS A SPECIAL TAX AGAINST THE PROPERTY IN ACCORDANCE WITH 62.14(6) WISCONSIN STATUTES).

(Signature of Owner)

PERMIT \_\_\_\_\_ IS HEREBY ISSUED FOR THE STREET OPENING AS DESCRIBED ABOVE AND IS TO BE COMPLETED IN ACCORDANCE WITH SECTION 8.05 (EXCAVATIONS) OF THE MUNICIPAL CODE OF THE CITY OF STURGEON BAY.

PERMIT APPLICATION RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ DEPOSIT CALCULATION = \$ \_\_\_\_\_

PERMIT ISSUED \_\_\_\_/\_\_\_\_/\_\_\_\_ PERMIT FEE = \$ 55.00

RECEIPT NUMBER \_\_\_\_\_ TOTAL FEE & DEPOSIT = \$ \_\_\_\_\_

(City Representative / Title)

FOR OFFICE USE ONLY

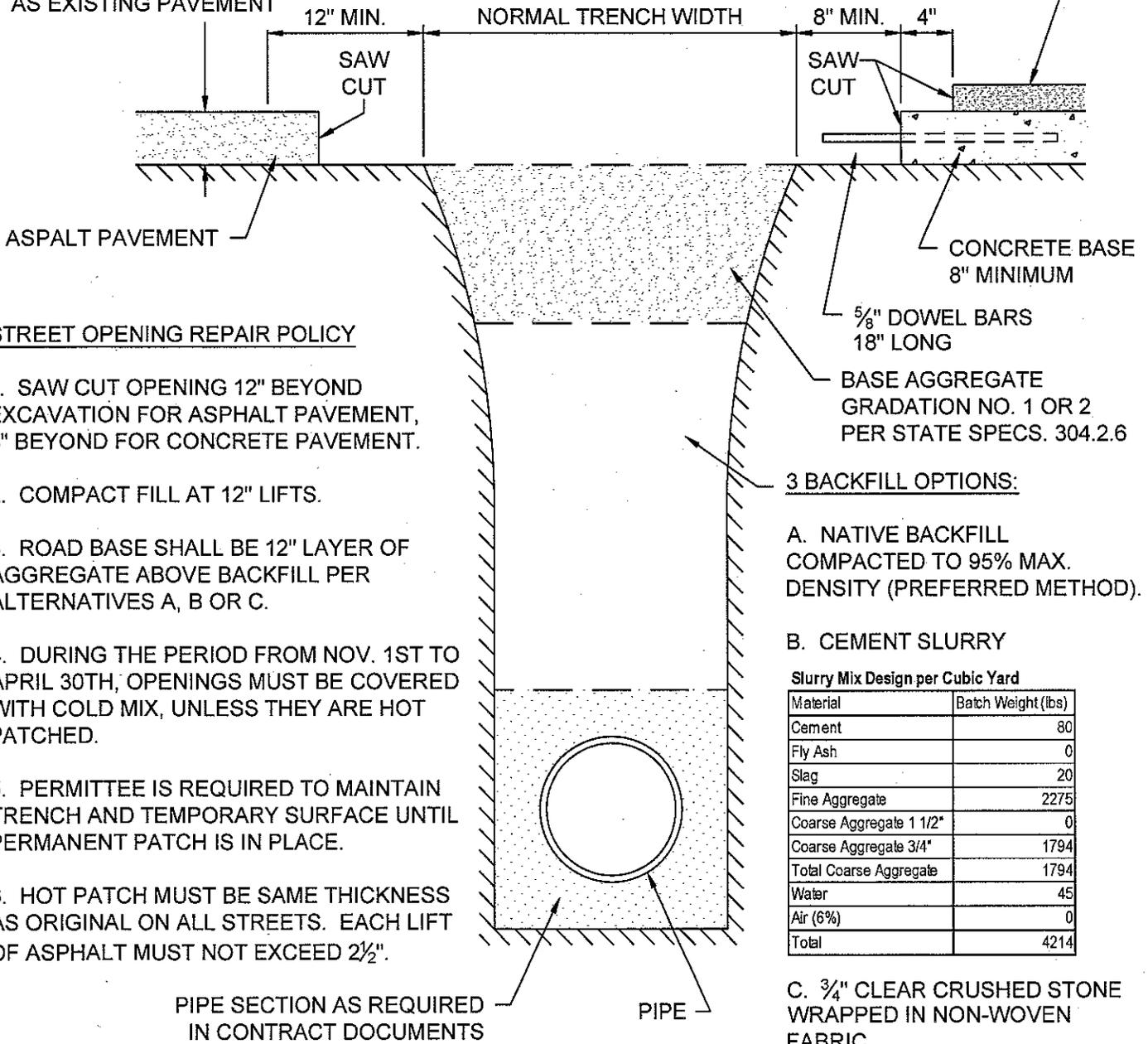
REQUIRED SIGNATURES

City Representative / Title \_\_\_\_\_ COPY OF PERMIT SENT TO PROPERTY OWNERS
REFUND DUE \_\_\_\_\_ COPY DELIVERED TO CONTRACTOR
BALANCE DUE \_\_\_\_\_ SITE SUITABLE CLOSED
TOTAL CHARGE \_\_\_\_\_ Public Works Superintendent

BILLING SENT TO PROPERTY OWNER FOR BALANCE DUE \_\_\_\_/\_\_\_\_/\_\_\_\_ RECEIPT NUMBER \_\_\_\_\_

DEPTH SHALL BE SAME AS EXISTING PAVEMENT

ASPHALT WEARING SURFACE



**STREET OPENING REPAIR POLICY**

1. SAW CUT OPENING 12" BEYOND EXCAVATION FOR ASPHALT PAVEMENT, 8" BEYOND FOR CONCRETE PAVEMENT.
2. COMPACT FILL AT 12" LIFTS.
3. ROAD BASE SHALL BE 12" LAYER OF AGGREGATE ABOVE BACKFILL PER ALTERNATIVES A, B OR C.
4. DURING THE PERIOD FROM NOV. 1ST TO APRIL 30TH, OPENINGS MUST BE COVERED WITH COLD MIX, UNLESS THEY ARE HOT PATCHED.
5. PERMITTEE IS REQUIRED TO MAINTAIN TRENCH AND TEMPORARY SURFACE UNTIL PERMANENT PATCH IS IN PLACE.
6. HOT PATCH MUST BE SAME THICKNESS AS ORIGINAL ON ALL STREETS. EACH LIFT OF ASPHALT MUST NOT EXCEED 2½".

**3 BACKFILL OPTIONS:**

A. NATIVE BACKFILL COMPACTED TO 95% MAX. DENSITY (PREFERRED METHOD).

B. CEMENT SLURRY

Slurry Mix Design per Cubic Yard

Material	Batch Weight (lbs)
Cement	80
Fly Ash	0
Slag	20
Fine Aggregate	2275
Coarse Aggregate 1 1/2"	0
Coarse Aggregate 3/4"	1794
Total Coarse Aggregate	1794
Water	45
Air (6%)	0
Total	4214

C. ¾" CLEAR CRUSHED STONE WRAPPED IN NON-WOVEN FABRIC.

**ON-SITE CITY INSPECTION  
REQUIRED FOR ALL  
EXCAVATIONS PRIOR TO  
BACKFILLING  
CALL: 920-746-2912  
MON-FRI 7:00 AM-3:30 PM**

CITY OF STURGEON BAY  
TYPICAL CUT PAVEMENT  
TRENCH SECTION  
JAN, 2015 NOT TO SCALE