

Village of Los Ranchos de Albuquerque

Excavation / Barricade Permit Application

Contractor / Applicant's Name: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

License No.: _____ Supervisor: _____ Phone No.: _____

THE PURPOSE FOR THIS PERMIT: _____

Address or Location of Excavation / Barricade: _____

Dimensions of the Excavation in Feet: Length: _____ Width: _____

Start Date: _____ Completion Date: _____

Length of Time In Calendar Days: _____

IF A LANE CLOSURE IS NEEDED ON ANY ARTERIAL STREET THE FOLLOWING INFORMATION IS REQUIRED

Lane Closure: Single: Double: Speed Limit: _____ Lane Width: _____

Start Date: _____ Completion Date: _____ Distance: _____

**VILLAGE OF LOS RANCHOS DE ALBUQUERQUE
EXCAVATION / BARRICADE PERMIT**

Compaction Test Required YES NO

Permit Number: _____ Permit Expires: _____

Insurance Expires: _____ Bond Expires: _____

Permit Issue Date: _____ Issued By: _____