

VILLAGE OF LOS RANCHOS DE ALBUQUERQUE

6718 Rio Grande Blvd. NW

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EXCAVATION/BARRICADE PERMIT APPLICATION

APPLICANT'S NAME: _____

CONTRACTOR NAME: _____

BUSINESS ADDRESS: _____

LICENSE #: _____ SUPERINTENDANT: _____

LOCATION OF EXCAVATION/BARRICADE: _____

OPERATOR: _____ PHONE #: _____ FAX #: _____

THE PURPOSE OF THE FACILITY: _____

DIMENSION OF THE INSTALLATION/REMOVAL: _____

ESTIMATED LENGTH OF TIME (CALENDAR DAYS): _____

START DATE: _____ COMPLETION DATE: _____

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

START DATE: _____ NUMBER OF DAYS NEEDED: _____

SPEED LIMIT: _____ WIDTH OF LANE(S): _____

NORMALLY THIS PERMIT WILL BE ISSUED WITHIN 48 HOURS
(2 WORKING DAYS AFTER RECEIVING THE APPLICATION)

OFFICE USE ONLY

COMPACTION TEST REQUIRED [] YES [] NO

PERMIT NUMBER: _____ PERMIT EXPIRES: _____

INSURANCE EXPIRES: _____ BOND EXPIRES: _____

PERMIT ISSUE DATE: _____ ISSUED BY: _____