

City of Prince Albert - Contractor Utility Locate/Cut Request

10-5-9

ATTENTION: PUBLIC WORKS | CITY HALL | PRINCE ALBERT | SK | S6V 7P3
(306) 953-4900 | publicworks@citypa.com

Section filled by PUBLIC WORKS:

Received: _____

File #: _____

For City Locates, Traffic Accommodation, and Utility Cut Requests, fill in **section A**, submit to publicworks@citypa.com 72 hours prior to start of work. The exception is in emergency utility repairs call (306) 953-4900 or (306) 953-4284 after hours. Upon completion of the work, submit the same form with **section B** updated.

What do you need?

City Utilities Locates

Requested: Not Requested:

The City doesn't guarantee the depth of any City utilities. It is the Requester or their Contractor's responsibility to daylight these utilities prior to excavation.

Traffic Accommodations

City Performed Closure: Self-Performed Closure: None Needed:

The City Requires an Encroachment permit if the work is being completed on a city alley or street as per Traffic Bylaw No. 1, of 2013.

Utility Cut Information:

Job# / Plan#? _____ **When?** Requested start date: _____

Skip to Contact Information if you have a Job# or Plan# previously permitted by Public Works.

Where are you cutting: _____
Civic Street Name Street Type (Lane, Ave, Cres etc) Street Direction:

What? Road Walk Lane City Boulevard (Lawn) Private Property

SIZE: Concrete L____x W____; Asphalt L____x W____; Gravel L____x W____; Lawn L____x W____

Attach a sketch/map or plan with key reference points of scope or extents of works (roads, street names, landmarks, cut area).

Contact Information:

Who are you requesting on behalf? _____ | SaskEnergy | SaskPower | SaskTel

Contact Name: _____
Name email Phone Number

Who is the Contractor Cutting/Restoring the site?

Skip if the same as above.

Contractors Name: _____ Address: _____

Contractors Contact: _____
Name email Phone Number

I have read and understand all the above information and agree to your guidelines and I'm aware that failure to comply may result in increased costs or failure to receive future approvals. (Required)

Owner/Contractor Signature: _____ Date: _____

Utility Cut Completion and Acceptance:

Date Started: _____ Date of Final Repair: _____

Restoration must be completed within 24 hours and before the work zone is removed.
Your Restoration work is warranted for a 2-year time period.

Owner/Contractor Signature: _____ Date: _____

Section filled by PUBLIC WORKS:

Restoration Acceptance:

Per: _____

Date: _____



City of
Prince Albert