



ALLOW UP TO TWO (2) BUSINESS DAYS TO PROCESS REQUEST

Park City Municipal Corporation, Water Department, 1053 Iron Horse Dr/PO Box 1480, Park City, UT 84060 435-615-5337, <u>isaac.kershner@parkcity.org</u>, <u>www.parkcity.org</u> (permit can be filled out on-line)

PROJECT INFORMATIC	DN			
TODAY'S DATE:	PROJECT ADDRESS/LOCATION:			
PROPOSED PROJECT DATE:		PROJECT START TIME:	PROJECT END TIME:	
PURPOSE OF PROJECT/SCOPE	OF WORK:			
Shutdowns will only be scheduled to start between 8 AM and 9 AM, Monday through Thursday. Approval is subject to previously scheduled work. Park City Water reserves the right to restrict, modify, or deny applications to minimize interruption of water service and to protect public health.				

REQUIREMENTS

□ NOTICES OF SERVICE INTERRUPTION DELIVERED

OTHER PERMITS For Example UTILITY WORK BUILDING ROAD CLOSURE If other permits are required, it is the responsibility of the applicant to obtain the forms needed to avoid a STOP WORK ORDER.

GENERAL CONTRACTOR'S INFORMATION				
CONTRACTOR'S NAME:	MAILING ADDRESS:			
EMAIL ADDRESS:	24 HOUR PHONE #:			
I certify that all work will be completed in accordance with Park City's Construction Standards and Conditions of Permit Approval. I acknowledge that as the General Contractor I am responsible for the full cost of any repairs.				
Print Name: Signa	ature: Date:			

ALL AFFECTED WATER SERVICES MUST BE GIVEN WRITTEN NOTICE BY THE CONTRACTOR AT LEAST 48 HOURS IN ADVANCE OF SHUTDOWN

Water Department will provide a map of affected properties. A template notice is available at www.parkcity.org.

OFFICE USE ONLY			
APPROVED ON:	DAY OF 20	APPROVED BY:	
□ Water Operations' Approval	□ Valves located and accessible □ Shutdown ma	hap Copy to Applicant	
Approved shutdown date:	Time:		