

City of Henderson Development Services Center 240 Water Street, P.O. Box 95050, Henderson, Nevada 89009-5050

Phone - 702-267-3600

Internal Use Only Permit Number:

EXCAVATION APPLICATION

R/W Size: Project Address or Cross Streets:			Internal Use Only Permit Type:	
1	Barricade Permit Number:			
Section	Civil Permit Number: (If applicable) Civil Permit Name:			
Sec	Building Permit Number (if applicable):			
Section 2	Applicant Information	Contact Inform	ation	
	Company Name:	Company Name:		
	Individual Name:	Individual Name:	:	
	Address:	_ Address:		
	City:State:Zip:	City:	State:_	Zip:
	Phone:extFax:	Phone:	extF	ax:
	Email:	_ Email:		
	Contractor Information.			
	Contractor Name: Check here if Owner/Builder			
	State Contractor's License #:COH Business Lic. #:			
	Address:	_City:	State:	Zip:
Section 3	Type of Excavation Permit Requested.			
	□ PEXC – Public street less than or equal to 60' of the right-of-way.			
Sec	□ PEX2 – Public street greater than 60' of right-of-way			
4	- ·			
ction				
Section				
Section 5	I certify that: • I am the permit applicant or the permit applicant's authorized agent.			
	 I have read this application and state that all information is correct. I agree to comply with all City of Henderson Ordinances and state laws related to work in the public right of way 			
	Print Name Sign	ature		Date