

## **Moratorium Street Cut Waiver Request**

		City Permit Number:	
C		Applicant:	_
		Contact Name:	_
	( I F O R A	Phone:	_
		Email:	
		Applicant Job Number:	_
1.	Location of the		-
2.	Description of the work performed:		
3.	The reason(s) t	the work cannot be deferred until after the prohibition period:	
4.	The reason(s) the work cannot be performed at another location:		
5.	Select the reas	con(s) it is justified to excavate the moratorium street:	
_		ergency exists that endangers the health and safety or property of the citizenry ar	nd
		o a specific location cannot be provided either through existing conduit, with trenced cannot be provided from another location	hless
	City, County, S	The installation or relocation of facilities by a non-government owned utility that is both required by City, County, State, or Federal Government, and not required as a result of an underground utility district established pursuant to Section 61.0501.	
6.		the applicant has analyzed all feasible alternatives to make the necessary repain thod in moratorium streets:	rs using a
	Signature		Date
Reques	t: Approved	Denied Reason:	
	Signature	<del></del>	 Date

Note, granting of this waiver does not alleviate the applicant's responsibility to perform any and all restorative work associated with this request in accordance with Dixon Moratorium Street Cut Ordinance O20-014.