

# HUNTINGTON COUNTY HIGHWAY DEPARTMENT ROAD CUT PERMIT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of Road Cut: \_\_\_\_\_

\_\_\_\_\_

Surface type of road: \_\_\_\_\_

Approximate Date of Cut: \_\_\_\_\_

Application will expire after 12 months from above date if no work is performed.

Purpose of Cut: \_\_\_\_\_

\_\_\_\_\_

Depth of Cut: \_\_\_\_\_ Width of Cut: \_\_\_\_\_

**RESPONSIBILITY OF APPLICANT: Road Cut Permits are \$100.00 for each road cut.**

The applicant will be responsible for the proper signing of the road, whether it is closed or down to one lane and all liability with this project until the final layer of asphalt is placed.

The applicant will be responsible for contacting Indiana 811 (Call 811 or 800-382-5544) at least two full working days before starting their project. The applicant will notify the appropriate offices, including the Sheriff's Department (356-8316), School Bus Garage (358-2217), etc. of the closing of such road.

The applicant will be responsible for the placement of materials for backfilling and compaction of said materials in order for the road surface to be a condition which is safe for traffic. Asphalt depth to be a minimum of 4 inches of #9 surface asphalt. Applicant must call the Huntington County Highway Department (358-4881) for a foreman who must be on site prior to applicant's work or any backfill. The stone backfill will be #8 limestone backfilled uniformly in the cut up to the final 12 inch mark. The last 12 inches will be #53 stone compacted in two (2) 6 inch lifts with a vibratory jumping jack or compactor. The top 4 inches will be cut out and the final asphalt lay will be compacted in place. Road rehabilitation must be completed within 10 days of initial cut. After one warning, if the Highway Department has to asphalt the cut, the applicant agrees to pay the asphalt, labor and trucking costs.

**UPON COMPLETION OF WORK, THE APPLICANT MUST CONTACT THE HIGHWAY DEPARTMENT FOR INSPECTION OF THE ROAD RESTORATION COMPLETED BY APPLICANT. IF THE ROAD RESTORATION IS NOT COMPLETED ACCORDING TO THE SPECIFICATIONS OF THE HIGHWAY DEPARTMENT, YOU MAY BE CHARGED FOR THE HIGHWAY DEPARTMENT RESTORING THE ROAD TO SPECIFIED STANDARDS.**

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Date \_\_\_\_\_

To be completed by Highway:

Date Received \_\_\_\_\_  
Payment Received \_\_\_\_\_  
Check or Receipt # \_\_\_\_\_

Date Approved \_\_\_\_\_  
Approval Signature \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Post Work Inspection Date \_\_\_\_\_  
Approval Signature \_\_\_\_\_