

**CITY OF SANTA CRUZ  
DEPARTMENT OF PUBLIC WORKS  
UTILITY STREET OPENING PERMIT APPLICATION FORM**

**Date of application** \_\_\_\_\_

**Location of work (address)** \_\_\_\_\_

**Cross Street** \_\_\_\_\_

**Cross Street** \_\_\_\_\_

**Work schedule (begin and end dates)** \_\_\_\_\_

**Description of Work** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work at certain congested locations will require special traffic control plan and work hours.**

**Utility company:** \_\_\_\_\_

**Representative:** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Job Reference No. (PM#)** \_\_\_\_\_