

DIGGING PERMIT—RESIDENTIAL

*** REQUIRED FIELDS**

Applicant Name*:	Company:
Retained By:	
Phone*:	Email*:
Job Description*:	
Location* (provide details on attached map):	
Depth of Dig/Install*:	Excavation Method*:
Start Date*:	End Date:

THE APPLICANT IS RESPONSIBLE FOR OBTAINING LINE LOCATES FROM ALL UTILITY CONTACTS LISTED BELOW.

UTILITY TYPE	WEB / EMAIL / PHONE #	DESCRIPTION AND COMMENTS	SIGNATURE
Cable TV	Web: digshaw.ca/ or 1-866-344-7429 Shaw Cable	*	*
Telephone	Web: clickbeforeyoudigmb.com/ or 1-800-940-3447 BellMTS	*	*
Gas/Hydro	Web: clickbeforeyoudigmb.com/ or 204-857-7868 Manitoba Hydro	*	*
Sanitary Sewer, Storm Sewer, Wa- ter, Misc. Lines	Email: facilities@southport.ca or 204-428-6053 Southport	*	*
Other Please specify			

1. ALL DIGGING PERMITS REQUIRE A MINIMUM OF 72 HRS FOR APPROVAL FROM SOUTHPORT.
 2. ALL EMERGENCY RESPONSE SERVICES MUST BE NOTIFIED IF ANY ROADS ARE CLOSED (PORTAGE AMBULANCE, PORTAGE FIREHALL, RCMP).
 3. ALL DIG SITES MUST BE BARRICADED WITH WARNING SIGNS.
 4. HAND DIGGING OR HYDRO VAC IS REQUIRED WITHIN ONE METER OF ALL MARKED LINES.
- APPLICANT HAS BEEN BRIEFED ABOUT ALL UNDERGROUND UTILITIES AND/OR BUILDING SERVICES.
 - APPLICANT IS RESPONSIBLE FOR BRIEFING THE CONTRACTOR(S) AS TO THE CONTENT OF THIS DIG PERMIT.
 - THIS PERMIT IS NOT VALID UNTIL SIGNED BY A REPRESENTATIVE OF SOUTHPORT AEROSPACE CENTRE INC.
 - A COMPLETED PERMIT MUST BE AVAILABLE AT THE WORK SITE AT ALL TIMES.
 - THIS PERMIT WILL NOT BE ACCEPTED IF IT IS MISSING INFORMATION AND/OR HAS INCOMPLETE LOCATES SUCH AS "LOCATE PENDING" OR "LOCATE SCHEDULED FOR LATER DATE".

SIGNATURE OF APPLICANT*: _____

DATE*: _____

SIGNATURE OF SOUTHPORT REP: _____

DATE: _____

