City of Houston
Excavation in the Public Way
Certificate of Restoration

Date:	
Permit Number for the Specific Excavation:	
Date of Issuance:	
Owner:	Tel. Number:
Contractor:	Tel. Number:
This is to certify that the excavation located on _____ has been completed and the restoration has occurred in conformance with City of Houston Design and Construction Standards.	

_____	_____	_____
Print Name (Owner)	Owner Signature	Date

_____	_____	_____
Print Name (Contractor)	Contractor Signature	Date

Please fax/email the completed form to:
City of Houston
Street Cut Permit System
Fax No. (832) 395-4424
E-Mail Address: Street.CutOps@cityofhouston.net