

Soaring Heights Communities

# Dig Request Form

Resident Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Request Description: \_\_\_\_\_

\_\_\_\_\_

- I understand that I can ONLY dig in the immediate area of my residence.
- I understand that I must also submit a No Landscaping/Request for Landscaping form if my digging interferes with landscaping's ability to maintain my front or side yard. I will be responsible for the upkeep of flower beds or bushes that I plant.
- All digging must occur within 30 days of approval. A single line diagram must be submitted indicating the location and dimensions of any digging areas.

I understand I must have approval from Soaring Heights prior to beginning work, and MUST MAINTAIN A MINIMUM of 2 FEET of space on each side of the marks made my Soaring Heights and 811. Be aware that you will be responsible for damage and a possible fine for having broken any lines.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only Below This Line**

811 Confirmation Number: \_\_\_\_\_  Installation Approved  Installation Disapprove

Reason for Disapproval: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* SHC Representative follow-up required to ensure scope of work was completed as originally described.*

Inspection Date/Time: \_\_\_\_\_  Approved Inspection  Disapproved Inspection

Deficiency Found: \_\_\_\_\_ Must Comply by: \_\_\_\_\_

SH Signature of Compliance: \_\_\_\_\_ Date: \_\_\_\_\_