

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 if you dig without having lines marked you will be responsible for damage and a possible fine for having broken any lines.

Resident Signature: _____ Date: _____

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: _____