

Southport

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DIGGING PERMIT—AIRFIELD

* REQUIRED FIELDS

Applicant Name*:		Company*:		
Retained By*:				
Phone*:		Email*:		
Job Description*:				
Location *(Provide de	tails on attached map):			
Depth of Dig/Install*:		Excavation Method*:		
Start Date*:		End Date:		
THE APPLICANT IS	S RESPONSIBLE FOR OBTAINING	S LINE LOCATES FROM ALL UTILITY CON	ITACTS 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 BelIMTS	*	*	
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	*	*	
Fiber (Local), Air- field Underground	204-428-2400 Canadian Base Operators	*	*	
Other Please specify				
 2. ALL EMERGENCY RE HALL, RCMP). 3. ALL DIG SITES MUST 4. HAND DIGGING OR HAND DIGGING OR HAND LICANT HAS BEE APPLICANT IS RESPO THIS PERMIT IS NOT A COMPLETED PERMITIS PERMIT WILL NOT 	BE BARRICADED WITH WARNING SIG IYDRO VAC IS REQUIRED WITHIN ONE IN BRIEFED ABOUT ALL UNDERGROUI ONSIBLE FOR BRIEFING THE CONTRA VALID UNTIL SIGNED BY A REPRESEN MIT MUST BE AVAILABLE AT THE WOR	ED IF ANY ROADS ARE CLOSED (PORTAGE AMI SNS. I METER OF ALL MARKED LINES. ND UTILITIES AND/OR BUILDING SERVICES. CTOR(S) AS TO THE CONTENT OF THIS DIG PE NTATIVE OF SOUTHPORT AEROSPACE CENTRI	ERMIT. E INC.	
SIGNATURE OF APPLICANT*:		DA ⁻	DATE*	
SIGNATURE OF SOUTHPORT REP:		DA ⁻		

