



PUBLIC WORKS DEPARTMENT
809 Center Street – Room 201
Santa Cruz CA 95060
831-420-5160 FAX 831-420-5161

Contractor Early Start Request Form

Contractor: _____

Address/Phone Number: _____

Project Manager/Phone number: _____

Project Manager Email: _____

Date(s) of work/Duration: _____

Requested time: _____

Location/Address, include distance to nearest residence.

Reason for starting work before 7:00am:

Type of work being performed, and what will be done to reduce noise before 7:00am.

NOTE: If noise complaints are received, the approval for an early start will be rescinded by the Director of Public Works.

Reviewed by: _____ Date: _____
City Public Works Inspector

Approved by: _____ Date: _____
Director of Public Works

Fax or email completed form to Curtis Busenhart cbusenhart@cityofsantacruz.com