



### Application for Dispensation for Hours

Applicant must complete **both pages**. A representative of the Contracting Agency or Utility Company(224F\*2) **must complete** the certification at bottom. Your application **cannot be processed** without this certification.

Company Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Prevailing Rate Case / PRC # \_\_\_\_\_ County: \_\_\_\_\_  
(found on wage schedule)

Project Description: \_\_\_\_\_

Description of location (City, town, intersection, street or route, etc.): \_\_\_\_\_

Nature of Project: (Check one)

- |                           |  |  |  |
|---------------------------|--|--|--|
| 1. NEW BUILDING           | 2. ADDITION<br>TO EXISTING STRUCTURE                           | 3. HEAVY AND HIGHWAY<br>CONSTRUCTION (NEW<br>AND REPAIR) | 4. NEW SEWER OR WATERLINE                                  |
| 5. OTHER NEW CONSTRUCTION | 6. OTHER RECONSTRUCTION<br>MAINTENANCE REPAIR OR<br>ALTERATION | 7. DEMOLITION  | 8. LABOR LAW 224<br>F*2- Excavations<br>(Utility Projects) |

Reason for requesting dispensation:

Dispensation Required: (Complete statement below)

**THIS MUST BE SIGNED**

Application is made for a period beginning \_\_\_\_\_ and ending \_\_\_\_\_ to permit operations \_\_\_\_\_ hours per  
(Date) (Date)  
day, \_\_\_\_\_ days per week.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Contractor or Authorized Representative)

\_\_\_\_\_  
(Print name and title)

**Certification by an officer of the Contracting Agency or Utility Company (224F\*2)**  
**THIS MUST BE SIGNED**

It is hereby certified that the above described Public Work project is of an important nature and that a delay in carrying it to completion would result in serious disadvantage to the public.

\_\_\_\_\_  
(Contracting Agency or Utility Company)

\_\_\_\_\_  
(Authorized signature)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(Print name and title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City, state)

\_\_\_\_\_  
(Zip code)

\_\_\_\_\_  
(Area code and telephone number)

**Complete and Return**

List the job classifications for which this dispensation is requested and the number of employees in each classification.

Job Classification (occupations)

Number to be  
Employed

Job Classification (occupations)	Number to be Employed

When this application is complete, have an officer of the Contracting Agency or Utility Company (224F\*2) complete the certification section and return it to this office. No worker, laborer, or mechanic may be employed in excess of 8 hours in any one day nor 5 days in any one calendar week until you receive a notice of determination.