

APPLICATION FORM MUST BE FILLED IN COMPLETELY AND MAILED OR DELIVERED TO TOWN ENGINEER'S OFFICE: 15 WESTPORT ROAD, EASTON, CT 06612	TOWN OF EASTON CONNECTICUT ROADWAY OPENING PERMIT APPLICATION	R.O. NO. _____ DATE REC'D _____
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APPLICATION IS HEREBY MADE FOR A PERMIT TO (describe and include materials to be used):

STREET NO.	ROAD NAME	LOT NO.
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START DATE _____, _____ COMPLETION DATE _____, _____	WORK COMPLETE DATE: _____	APPROVED BY: _____
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SHOW SKETCH OR PROPOSED WORK WITH DIMENSIONS

Complete Plans and Specifications must be submitted for major construction work.
On other work a careful sketch shall be shown in area provided.

NAME OF PROPERTY OWNER	CALL BEFORE YOU DIG TICKET # _____ REVIEW BY POLICE DEPT. _____ SPECIFIC INSTRUCTIONS _____ CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION. INSURANCE REQUIREMENTS SHALL BE IN THE AMOUNT SPECIFIED BY THE TOWN. I AGREE TO PERFORM THE WORK ACCORDING TO THE REGULATIONS OF THE TOWN OF EASTON. I SHALL NOTIFY THE TOWN PUBLIC WORKS OFFICE AT LEAST 48 HOURS IN ADVANCE OF STARTING WORK, AND THE POLICE DISPATCHER THE DAY OF DOING THE WORK. 268-4111. SIGNED: _____ DATED: _____ WORK CANNOT START UNTIL AUTHORIZED IN WRITING BY THE TOWN ENGINEER.
ADDRESS	
TOWN WORK PHONE CELL PHONE	
NAME OF CONTRACTOR'S SUPT. TO PERFORM WORK	
CONTRACTOR	
ADDRESS	
TOWN WORK PHONE CELL PHONE	
ISSUE PERMIT TO	
ADDRESS	
TOWN WORK PHONE CELL PHONE	

OFFICE USE ONLY	BOND AMNT.	TYPE BOND	FEE PAID	CHECK #
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PERMISSION IS HEREBY GRANTED TO PROCEED ON THIS _____ DAY OF _____, _____

AUTHORIZED SIGNATURE / TOWN OF EASTON _____