



TOWN OF WINDSOR
ENGINEERING
275 BROAD STREET
WINDSOR, CONNECTICUT 06095

APPLICATION FOR PERMIT

PERMIT TYPE

Street Excavation Driveway

INSURANCE EXPIRATION DATE: _____

TOWN OF WINDSOR LICENSE NO.: _____

BOND ISSUE DATE: _____

PERMITTEE IS REQUIRED NOTIFY THE ENGINEERING CONSTRUCTION INSPECTOR, 2 WORKING DAYS PRIOR TO STARTING THE WORK. PHONE: (860) 614-8910. FAILURE TO COMPLY MAY RESULT IN FORCED STOPPAGE OF WORK.

COMPLETE THIS SECTION

CALL BEFORE YOU DIG: Select the option that best describes the work associated with this permit application:

- Work to be completed within 30 days of ticket submission – CBYD Ticket No.: _____
- Utility obtaining permit. CBYD Number(s) to be obtained by subcontractor appropriately throughout project
- Large Project: Permit process will take more than 30 days

Address of proposed work _____

Applicant's Name _____ Utility _____

Address _____

Office Tel. No. _____ Emergency Tel No. (Different from office) _____

Email: _____

Name of Property Owner _____

Describe nature of permit work _____

Is the work adjacent to or involve the Town's sidewalk? Yes No

Does the proposed work include an addition to the driveway? Yes No N/A (Excavation Permit)

***Authorization is required from the Town Forester of any tree location on Town Property is to be removed or disturbed (860)-285-1855*

SKETCH OR PLANSET SHOWING EXISTING LAYOUT, PROPOSED WORK AND DIMENSIONS
ATTACHED TO APPLICATION (Permits without sketch or planset will not be accepted).

The applicant understands and agrees that all work shall conform to the rules, regulations and specifications of the Town of Windsor, Engineering Standards and Specifications and to maintain the cut pavement with a temporary patch, to restore the pavement as required including maintaining the pavement repair for five years, to reimburse the Town for all costs incurred by the Town for repair work in connection with the permit and to indemnify and save harmless the Town from all damages caused by acts or omissions while acting under the permit.

PERMITTEE SHALL COMPLY WITH THE "PROCEDURES TO BE FOLLOWED FOR ROAD CLOSING AND TRAFFIC CONTROL".

Signed _____ Date _____

Print Name _____ Title _____

THIS PERMIT OR A FACSIMILE MUST BE PRESENT ON THE JOB SITE AT ALL TIMES

PERMIT NO. _____
Date _____
Permit Fee _____
Permit Expires _____
Issued By _____