

PROTECTION OF EXCAVATION SITE;
SAFE PASSAGE OF TRAFFIC APPLICATION

**TOWN OF CROMWELL
POLICE DEPARTMENT**



INSTRUCTIONS:

1. TYPE OR PRINT CLEARLY
2. A COPY OF THIS PERMIT MUST BE ON SITE AT ALL TIMES DURING EXCAVATION/RESTRICTION
3. THE AUTHORIZATION MAY BE REVOKED BY THE CHIEF OF POLICE FOR ANY VIOLATION.
4. ANY VIOLATION OF THIS PERMIT SHALL BE SUBJECT TO A FINE NOT EXCEEDING FIFTY DOLLARS (\$50.) FOR EACH DAY OF VIOLATION.
5. APPLICANTS REQUIRING THE SERVICES OF A TOWN OF CROMWELL POLICE OFFICER ARE STILL REQUIRED TO SUBMIT A COMPLETED "POLICE PRIVATE DUTY REQUEST FORM".

**APPLICANT
INFORMATION**

Name of Applicant or Company

Address (Number & Street)

(City-Town)

(State)

(Zip Code)

**CONTACT
INFORMATION**

Name of Contact

Title (if applicable)

Home Number

Work Number

Cell phone number

Other

**PROPOSED
EXCAVATION
SITE/LANE
RESTRICTION(S)
& DATES**

Location of proposed excavation or restriction

Date(s) of proposed excavation or restriction

Hours of Operation

Start Date:

End Date:

Start Time:

End Time:

IS TRAFFIC RESTRICTION AS A RESULT OF EXCAVATION ?

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YES

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NO

IF SO, HAVE YOU OBTAINED A PERMIT FROM THE DIRECTOR OF PUBLIC WORKS ?

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YES

☐

NO

**REQUIRED
AUTHORIZATION**

I, the undersigned, declare under penalty of false statement, that the above information is true and complete to the best of my knowledge and belief.

APPLICANT SIGNATURE

X

DATE SIGNED

CHIEF OF POLICE SIGNATURE

X

DATE SIGNED

REMARKS OR SPECIAL INSTRUCTIONS:

(TYPE OF TRAFFIC CONTROL DEVICES TO BE USED I.E., FLAGGERS, SIGNS, POLICE OFFICERS)