CALL BEFORE YOU DIG 1-800-922-4455

(or attach plan)

## **TOWN OF CROMWELL**

## APPLICATION FORM EXCAVATION PERMIT

DATE:_	ATE:CBYD TICKET#:		START DATE:						
LOCATI	ON OF EXCAVATION:_								
APPLICA	ANT:								
ADDRES	SS:								
	ACTOR:								
ADDRES	SS:								
PURPOS	E:								
EXCAVATION SIZE:		FEE: <u>\$</u>	BILL	CASH	CHECK#				
The undersigned hereby agrees to make an excavation, ditch, dig or otherwise alter, open or remove the surface of the above named street or highway under the jurisdiction of the Town of Cromwell in accordance with the "ORDINANCE REGULATING EXCAVATIONS, CONSTRUCTION OF DRAINS ABUTTING STREETS, HIGHWAYS, PUBLIC RIGHT-OF-WAYS AND OTHER PUBLIC PROPERTIES.  Note: 1. The Cromwell Police and Fire Departments should be advised if construction will involve a road closing, detour or any restricted traffic flows.  2. The Police Department will be the sole judge of the need for protection of the excavation by uniformed officers. Payment for services of the same will be made directly to the Town of Cromwell.  3. All backfill under pavement must be imported gravel or crushed stone. Only in rare cases approved by the Director of Public Works will backfilling using native material be allowed. All backfilling must be compacted by methods approved by the Director of Public Works.									
APPLICA	ANT SIGNATURE:								
DEPART	MENT OF PUBLIC WO	RKS:							
Location	Sketch:								

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## TOWN OF CROMWELL

## **EXCAVATION PERMIT**

DATE:	CBYD TICKET#:		START DA	ATE:
LOCATION OF EX	CAVATION:			
APPLICANT:				
CONTRACTOR:				
ADDRESS:				
PURPOSE:				
EXCAVATION SIZ	E: FEE: <u>\$</u>	BILL	_ CASH	_CHECK#
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	well Police and Fire Department tour or any restricted traffic flow		l if construction v	vill involve a road
	e Department will be the sole jud officers. Payment for services of			
the Direct	Il under pavement must be impoor of Public Works will backfill by methods approved by the D	ing using native ma	terial be allowed.	
APPLICANT SIGNA	ATURE:			
DEPARTMENT OF	PUBLIC WORKS:			
Inspection Report: (or attach plan)				
CERTIFICATION C	F ACCEPTANCE OF PERMA	NENT PATCH:		DATE: