

CALL BEFORE
YOU DIG
1-800-922-4455

TOWN OF CROMWELL

APPLICATION FORM EXCAVATION PERMIT

DATE:_____ CBYD TICKET#:_____ START DATE:_____

LOCATION OF EXCAVATION:_____

APPLICANT:_____

ADDRESS:_____

CONTRACTOR:_____

ADDRESS:_____

PURPOSE:_____

EXCAVATION SIZE:_____ FEE: \$_____ 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.

APPLICANT SIGNATURE:_____

DEPARTMENT OF PUBLIC WORKS:_____

Location Sketch:
(or attach plan)

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APPLICANT SIGNATURE:_____

DEPARTMENT OF PUBLIC WORKS:_____

Inspection Report:
(or attach plan)

CERTIFICATION OF ACCEPTANCE OF PERMANENT PATCH:_____ DATE:_____