CALL BEFORE YOU DIG 1-800-922-4455

(or attach plan)

## **TOWN OF CROMWELL**

## APPLICATION FORM EXCAVATION PERMIT

DATE:_	OATE:CBYD TICKET#:		START DATE:					
LOCATI	ON OF EXCAVATION:_							
	ANT:							
ADDRE	SS:							
CONTRA	ACTOR:							
ADDRE	SS:							
PURPOS	SE:							
EXCAV.	ATION 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.	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.							
APPLIC	ANT SIGNATURE:							
DEPART	TMENT OF PUBLIC WOR	KS:						
Location	Sketch:							

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## TOWN OF CROMWELL

## **EXCAVATION PERMIT**

DATE:	CBYD TICKET#:		START I	DATE:
LOCATION OF EXC	AVATION:			
CONTRACTOR:				
ADDRESS:				
EXCAVATION SIZE	: FEE: <u>\$</u>	BILL_	_ CASH	CHECK#
surface of the alwith the "ORD	ed hereby agrees to make an e bove named street or highway to INANCE REGULATING EXC SHWAYS, PUBLIC RIGHT-OF	under the jurisdiction CAVATIONS, COM	on of the Town on STRUCTION	of Cromwell in accordance OF DRAINS ABUTTING
	vell Police and Fire Department our or any restricted traffic flow		d if construction	will involve a road
	Department will be the sole ju officers. Payment for services of			
the Directo	under pavement must be impor r of Public Works will backfill by methods approved by the D	ing using native ma	iterial be allowed	
APPLICANT SIGNA	TURE:			
DEPARTMENT OF I	PUBLIC WORKS:			
Inspection Report: (or attach plan)				
CERTIFICATION O	F ACCEPTANCE OF PERMA	NENT PATCH:		DATE: