



TOWN OF ENFIELD, CONNECTICUT
Department of Public Works Engineering Office
2018 ROAD OPENING PERMIT APPLICATION

TOWN OF ENFIELD USE ONLY
 PERMIT No. _____
 APPLICATION No. _____

TYPE OF PERMIT: Excavation Permit \$50.00 Driveway Permit \$25.00

CALL BEFORE YOU DIG (800) 922-4455 Ticket Number: _____

Applicant's Name: _____ Phone No.: (____) _____ Date: ____/____/____

Applicant's Company Name: _____

Applicant's Address: _____ Email Address: _____

Applicant's City/State/Zip: _____

Owner's Name: _____

Owner's Address: _____

Purpose: _____

Location: _____

Nearest House No.: _____ Distance from Nearest Street: _____ (FT.) Approximate Area to be Disturbed: _____ (SF.)

Depth of Excavation: _____ (FT.) Type of Existing Pavement _____

Starting Date: _____ Completion Date: _____

DRAW SKETCH ON REVERSE SIDE OR INCLUDE SEPARATE DRAWING

Name of Insurer: _____ Date Policy Expires: ____/____/____

Name of Surety: _____ Amount: \$ _____ Date Surety Expires: ____/____/____

No excavation or operations will be allowed to completely close any Town road to traffic. The contractor and/or applicant shall insure that at all times during the construction and restoration activities, that one lane wide enough to allow the safe passage of emergency vehicles shall be maintained.

The contractor and/or applicant shall notify the Town of Enfield Police and Fire Departments 24 hours in advance of any detours and/or road narrowing approved in the Traffic Management Plan.

The undersigned hereby agrees to comply with all ordinances, laws and regulations relating to the work to be done, that the highway, street or sidewalk shall be restored in accordance with the "Permanent Pavement Trench Repair Detail" or as directed by the Public Works Director and that the applicant will reimburse and indemnify the Town of Enfield for all damages and costs by it in any manner incurred by reason of and in conformance with such excavation or work from the time such work is commenced until five (5) years after such work is completed.

Should the contractor and/or applicant not comply with the above, their excavation permit shall immediately become null and void. They shall cease excavating, seal the utility plant, backfill the excavation and return the road to its normal operational condition. The contractor and/or applicant may then reapply for an excavation permit.

Estimated Project Duration (in weeks): _____ Scheduled Date of Permanent Repair: ____/____/____

Applicant Signature: _____ Applicant Name Printed: _____ Date: ____/____/____

Inspection: The APPLICANT must notify the Engineering Office 24 hours in advance to schedule an inspection at (860) 253-6366.

TOWN OF ENFIELD USE ONLY		
Police Officer Signature: _____	Police Officer Name Printed: _____	Date: ____/____/____
Comments: _____		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED AS NOTED	<input type="checkbox"/> DENIED
Town Official Signature: _____	Town Official Name Printed: _____	Date: ____/____/____
PAID FEE OF \$50.00/\$25.00: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVED REASON FOR WAIVER: _____		
CHECK DATE: ____/____/____ CHECK NO.: _____ <input type="checkbox"/> CASH		

