



TOWN OF WESTPORT
DEPARTMENT OF PUBLIC WORKS

110 MYRTLE AVENUE
WESTPORT, CT 06880
203-341-1793

ROAD OPENING PERMIT APPLICATION

PERMIT #

PERMIT INFORMATION / PERMIT FEE \$125.00

Form with fields: LOCATION, PURPOSE OF OPENING - DRAW OR ATTACH DIAGRAM OF WORK AREA, 'CBYD' NUMBER (CALL BEFORE YOU DIG), STARTING DATE, TIME FOR COMPLETION, PRIMARY ( ), SECONDARY ( )

CONTRACTOR'S INFORMATION

Form with fields: CONTRACTOR, MAILING ADDRESS, PHONE #, email

UTILITY COMPANY INFORMATION (IF APPLICABLE).

Form with fields: UTILITY COMPANY, PHONE #

This permit is subject to the 'Policy for Restoring Trench Excavations' within Public Rights-of-Way. All pavement restoration will be a condition of the Zoning Certificate of Compliance and/or Certificate of Occupancy for all new development.

- This permit is good for only 60 days from date hereof. If the work specific herein is not completed within that time period, this permit may be extended for an additional 60 days upon application to this office.
• Applicant must obtain a permit from the Town of Westport Tree Warden prior to the removal of any trees within the Town right-of-way.
• Before permit is issued, I agree to reimburse and hold the Town of Westport harmless for the expenses and damages caused by the execution of the work, and perform the work according to regulations of the Town of Westport.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_
(APPLICANT)

(FOR OFFICE USE ONLY)

ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

INSPECTION LOG: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_