

Pe	rm	it #	_

# Town of Beacon Falls, Connecticut Application for Excavation Permit

Name Office Phone Cell Phone			Te.	ş	Property Location Street Address				
		Cell Phone		Email Address					
-	Bond Company/Bond	Number		li	nsurance Po	licy Nu	mber		
alla!	Application Date	Excavation	n Date Range		CB	YD Nur	m <mark>ber</mark>		
Street Add	Iress		Cross Street	1	_	Cross	Street 2/Dea	d End	77
Purpose of Exc	cavation:								
☐ Utility building	g service	0	Install		driveway		sidewalk		curb
☐ Utility mains			Repair		driveway		sidewalk	0	curb
☐ Sanitary sewe	r building service		Other:						
☐ Sanitary sewe	r main								
□ Connection to	storm sewer	Au	thorized by: _						
							Public Works		
Additional Inform	nation			-		-		_	-
	g performed for:								
	Pro	perty owner, subd	ivision or proje	ect nar	me				
2. Name(s) of	f Subcontractor(s):				_				
State Licen	nse Number:								
3. Estimated	dimensions (ft.): Openin	g v Da	itch: v	_		ca ft			
J. Estimated	unicisions (it.). Openin	6^				sq. ic.			
4. Will this w	ork restrict normal two-w	ay traffic or requir	e road closure	s?	□ Ye	s	□ No		
The applicant her	eby affirms the veracity o	f the information of	ontained here	ein agr	ees to confo	rm to t	he ordinances	and	
	Boards, Agencies, and De								ny
claims for injury,	damage or loss to persons	s or property which	may arise in	any m	anner by rea	son of	such construc	tion a	nd
furthermore to re	estore the public right of v	ways where the exc	avation was n	nade ir	n a safe cond	lition a	cceptable to t	he	
reasonable satisfa	action of Public Works or	his agent until the	permanent pa	tch is	installed. Th	is perm	nit may be rev	oked a	at any
time for a breach	of conditions. As witness	whereof, the app	licant has sign	ed his	name to this	applic	ation.		
Print	t Name & Title	-	Signature				Date	e	1
			of Public Work						

#### Instructions:

- Applications must be submitted to the Office of the Building Inspector.
- Applicants are responsible for scheduling inspections Department of Public Works by calling 203.729.6978.
- Applicant must contact Beacon Falls Police to coordinate traffic control by calling 203.729.3313.
- The issued permit shall be a copy of this application signed by the Director of Public Works.
- Certificate of Insurance, copy of license and certificate of bond (\$10,000) must be provided with completed
  application.

#### **Conditions of Permit**

Estimated: Pavement repair fee: \$\_

Inspector fee:

- The Director of Public Works must be notified 24 hours in advance of the start of any work authorized under this
  permit by calling 203.729.6978.
- 2) Work authorized under this permit shall not commence until the second day following the date of issue.
- 3) This permit is valid for ninety (90) days after its date of issue.
- 4) Compaction equipment is required to be on site at all times and shall be utilized during all backfilling operations.
- 5) The permittee shall notify the Department of Public Works when the trench will be ready to backfill and wait for the inspector to arrive before backfilling any opening in a right-of-way. Any backfill placed in the absence of the inspector shall be removed and replaced to the satisfaction of the inspector.
- 6) The permittee is responsible for maintaining the temporary pavement until all settlement has ceased and the permanent pavement has been installed. The Town will notify the permittee of the installation of the permanent pavement.
- 7) The permittee is responsible for maintaining adequate traffic control devices throughout the excavation period.

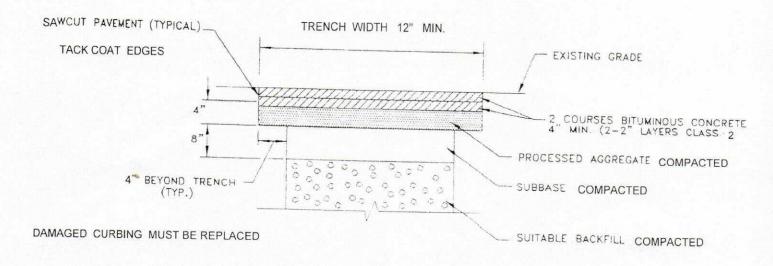
Actual: Inspector's fee:

Payement renair fee:

### **FOR OFFICE USE ONLY**

	inspector rec.	V	i avement rep	J
Permit fee:	\$		Permit #:	
Total due:	\$		Check #:	
DATE			Notes	
	+			
tile.				

## TRENCH INSPECTION IS REQUIRED BEFORE PAVING



TEMPORARY PAVEMENT REPAIR