



<hr/> Permit #

Town of Beacon Falls, Connecticut Application for Excavation Permit

Name	Property Location Street Address
Office Phone	Cell Phone
Email Address	
Bond Company/Bond Number	Insurance Policy Number
Application Date	Excavation Date Range
CBYD Number	
Street Address	Cross Street 1
Cross Street 2/Dead End	

Purpose of Excavation:

- | | | | | |
|--|---------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Utility building service | <input type="checkbox"/> Install | <input type="checkbox"/> driveway | <input type="checkbox"/> sidewalk | <input type="checkbox"/> curb |
| <input type="checkbox"/> Utility mains | <input type="checkbox"/> Repair | <input type="checkbox"/> driveway | <input type="checkbox"/> sidewalk | <input type="checkbox"/> curb |
| <input type="checkbox"/> Sanitary sewer building service | <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> Sanitary sewer main | Authorized by: _____ | | | |
| <input type="checkbox"/> Connection to storm sewer | Beacon Falls Dept. of Public Works | | | |

Additional Information

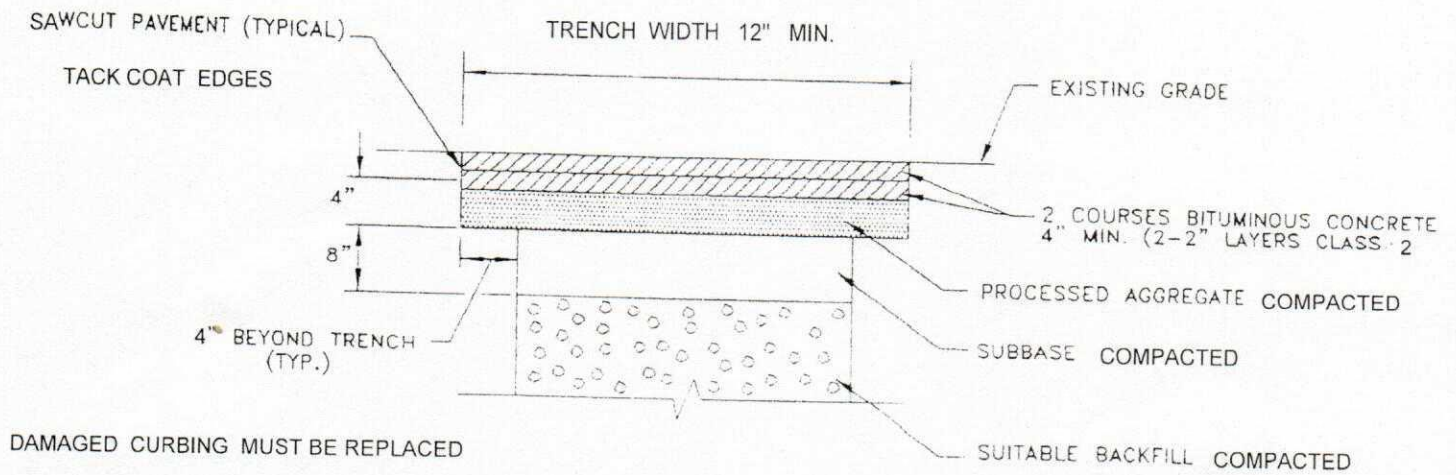
1. Work being performed for: _____
Property owner, subdivision or project name
2. Name(s) of Subcontractor(s): _____
State License Number: _____
3. Estimated dimensions (ft.): Opening ____ x ____ Patch: ____ x ____ = _____ sq. ft.
4. Will this work restrict normal two-way traffic or require road closures? Yes No

The applicant hereby affirms the veracity of the information contained herein agrees to conform to the ordinances and regulation of the Boards, Agencies, and Departments of the Town of Beacon Falls and to hold said town harmless from any claims for injury, damage or loss to persons or property which may arise in any manner by reason of such construction and furthermore to restore the public right of ways where the excavation was made in a safe condition acceptable to the reasonable satisfaction of Public Works or his agent until the permanent patch is installed. This permit may be revoked at any time for a breach of conditions. As witness whereof, the applicant has signed his name to this application.

Print Name & Title	Signature	Date
Director of Public Works		

SEE REVERSE FOR INSTRUCTIONS AND CONDITIONS

TRENCH INSPECTION IS REQUIRED BEFORE PAVING



TEMPORARY PAVEMENT REPAIR