

**Town of Manchester – Public Works Department
Lincoln Center – Manchester, Connecticut
494 Main Street – P.O. Box 191
Manchester, CT 06045-0191**

APPLICATION FOR R.O.W. PERMIT

Fee _____

Application Date: _____

Contractor performing Permitted Work:

Permit No.: _____

Permit Expires: _____

CALL 1-800-922-4455	Before You Dig	CByD Ticket No. _____
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TO BE COMPLETED BY APPLICANT:

Name and address of applicant: _____

_____ Phone #: _____ Emergency Phone #: _____

Location of Proposed Work: _____

Describe fully nature of permit requested: _____

Insurance on file with Town yes no Date policy expires: _____

Name of Insurer: _____

Approximate time for completion: _____ Desired starting date: _____

Show sketch of proposed work or furnish 2 copies of separate drawings

I agree to furnish the Town the amount of bond or fee required and to reimburse the Town for any expenses incurred by the Town for maintenance or repair work in connection with this permit. I am familiar with and will abide by the regulations for permits as outlined in the Town of Manchester's Permit Manual, latest revision. I further agree to pay for permanent pavement restoration, including all incidental costs, performed by the Town or their subcontractor. The charges will be based on the actual cost to the town. I also agree to pay for the costs of police services if any are required in accordance with the Town of Manchester Traffic Control Ordinance and I understand that the Permit Bond guarantees this payment as well if I do not directly pay.

Applicants Sign: _____ Date: _____

FOR INSPECTOR: Approved by: _____ Date: _____

Date work started: _____ Date completed: _____

Comments: _____

THIS PERMIT MUST ALWAYS BE AVAILABLE AT PERMIT SITE FOR REVIEW BY TOWN PERSONNEL