

# TOWN OF WOLCOTT

## DEPARTMENT OF PUBLIC WORKS

### EXCAVATION PERMIT

#### General Information:

Contractors Name:  Application Date:

Address:

Contact person:  Business phone:

Cell phone:

Utility company for which the work is being performed:

Address:  Business phone:

Contact person:  Phone:

#### Location of proposed work:

Street Address:  Nearest Utility Pole #

Nearest Intersecting Street:  Lot #

CBYD #  Expiration Date:

Estimated Starting Date:  Estimated Completion Date:

#### Office information:

Received Date:  Received By:

Requested Permit Issue Date:  Emergency:  YES  NO

PROPOSED WORK TO BE DONE:

Road will be closed:  YES  NO Estimated Length of closure:

Revisions: Date:

Revisions: Date:

Approved by (printed):  Date:

Signature:

NOTIFY THE FOLLOWING DEPARTMENTS PRIOR TO THE START OF WORK:

Police, Fire and EMS	<input type="checkbox"/> YES <input type="checkbox"/> NO	203-879-1414
School System Central Office	<input type="checkbox"/> YES <input type="checkbox"/> NO	203-879-8180
School System Bus Company	<input type="checkbox"/> YES <input type="checkbox"/> NO	203-879-1334
Department of Public Works	<input type="checkbox"/> YES <input type="checkbox"/> NO	203-879-8140
Town Government	<input type="checkbox"/> YES <input type="checkbox"/> NO	203-879-8100
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Notification requirements: 7 days prior  48 hrs Prior  24 hrs Prior  Prior to start

INSPECTION REQUIREMENTS:

Upon completion of excavation  YES  NO Date of Inspection:  By (Initials)

Prior to back filling  YES  NO Date of Inspection:  By (Initials)

Prior to Temporary patch  YES  NO Date of Inspection:  By (Initials)

Prior to permanent patch  YES  NO Date of Inspection:  By (Initials)

After permanent patch  YES  NO Date of Inspection:  By (Initials)

YES  NO Date of Inspection:  By (Initials)

BOND REQUIREMENTS:

Bond required:  YES  NO Amount required:  Date received:

Bond released:  YES  NO By (print):  Date:

Signature:

In order to work in or on town property you are required to carry the minimum coverage allowed by the Town of Wolcott. This coverage is required in order to protect the Town from liability due to the work being performed. If you have any questions or concerns please contact the Department of Public Works at 203-879-8100.

Workers Compensation in the amount of \$500,000:

Certificate on file:  Yes  No

Comprehensive General Liability in the amount of \$1,000,000:

Certificate on file:  Yes  No

- a. Including Blanket Contractual Liability Coverage
- b. Including Personal Injury Coverage

Comprehensive Automotive Liability in the amount of \$1,000,000:

Certificate on file:  Yes  No

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I hereby declare that I have read and understand the Terms of the Excavation Permit and the Town of Wolcott Ordinance Governing Excavation Within A Town Road Right-Of-Way. I am aware of the requirements stated therein; and agree that all work for which this application is made will conform in all respects with said requirements.

**Contractors Representative:**

Date:	<input type="text"/>	Name (printed):	<input type="text"/>
		Signature:	<input type="text"/>

**Utility Company Representative:**

Date:	<input type="text"/>	Name (printed):	<input type="text"/>
		Signature:	<input type="text"/>

**Department of Public Works Authorization:**

Date:	<input type="text"/>	Name (printed):	<input type="text"/>
		Signature:	<input type="text"/>