



TOWN OF WOLCOTT

TOWN HALL • 10 Kenea Avenue
Wolcott, Connecticut 06716
Tel. (203) 879-8100 • Fax: (203) 879-8105

WOLCOTT PUBLIC WORKS DEPARTMENT ROAD OPENING PERMIT

The undersigned, being a duly authorized contractor, hereby requests a permit to open the following road:

_____ Street Name

For the purpose of:

_____ Description of Construction Activity

The undersigned contractor agrees to the following:

Start Date _____

1. Comply with all of the current "Rules, Regulations, Standards and Specifications for Road Construction in the Town of Wolcott" and all town ordinances to include "Ordinance Concerning Delinquent Taxes and Denial of Permits, Town Contracts and Vendor Payments".
2. Demonstrate proof of insurance and bonds required by the Town.
3. Notify Town Official at least two (2) working days prior to any construction activity. (Appointment for inspection requires 2 working days notice.) Call 203-879-8140.
4. Pay all fees and charges established by the Town for permit issuance.
5. Infrared all cuts on roads that have been paved within five (5) years.

APPLICANT SIGNATURE:

I have read and completed this application. I understand that regular inspections will be performed by the Town of Wolcott Site Inspectors (or its representatives) and that should any measure fall into disrepair, be missing or require maintenance, the Town of Wolcott shall have the right to take appropriate corrective action and bill me for such, or deduct the cost from the \$ _____ Bond.

_____ (Print Name)

_____ (Address)

_____ (Phone)

_____ (Applicant Signature)

_____ (Date)

\$ _____ permit fee paid

PERMIT ISSUED BY: _____, duly authorized.

Signature - Town of Wolcott Official

DATE OF ISSUANCE: _____

- This permit valid for 30 days -