

Town of Norridgewock Road Opening and Entrance Application

Application to open/enter (circle one) _____
street/road name

Applicant Name/Organization: _____

Agent and Title, if any: _____

Contact Number: _____

Map/Lot: _____ Dig Safe Authorization #: _____

Contractor Name & Address: _____

Contractor Agent & Contact Number: _____

Proposed Start Date: _____ Proposed Completion Date: _____

Necessary to close the street? Yes No If yes, for how long? _____

Written approval from relevant law enforcement departments and fire departments is needed if street is to be closed. These letters of approval shall be attached to the completed application.

Are there any underground utilities in the area of this opening? Yes No
If yes, have the respective utility companies been contacted? Yes No

For excavation and construction related work, what is the square footage of pavement that will require repair? _____

For excavation and construction related work, what is length of curbing, in linear feet, that will need to be replaced? _____

Proof of insurance must be provided, pursuant to Section 5 of the Town of Norridgewock Road Opening Ordinance

TOTAL DEPOSIT DUE (office use only)

Please explain what necessitates the opening of the roadway requested in this application:

Describe the specific location with references to public places, utility poles and indicators, vital structures, etc.

Please attach a sketch plan to the application to demonstrate the location of the proposed opening.

I, the undersigned applicant, certify that all the information given in this application and supporting documents is accurate. All work shall be done in conformance with this application and the ordinances and regulations of the Town of Norridgewock and the State of Maine.

Applicant Signature

Date

FOR OFFICE USE ONLY

Approved

Denied

Road Commissioner or designee signature

Date

Total Deposit Received: \$ _____

Total Permit Fee Received: \$ _____

Receipt : _____

Total Received: \$ _____