



TOWN OF CANTON
DEPARTMENT OF PUBLIC WORKS
50 OLD RIVER ROAD
CANTON, CT 06019
(860) 693-7863

CALL BEFORE YOU DIG
1-800-922-4455

Permit #: _____
Date: _____
Permit Fee: \$50.00
Starting Date: _____
Expiration Date: _____
Issued By: _____

APPLICATION FOR PERMIT

Permit Type

Street Excavation Driveway Construction w/in Town R.O.W

INSURANCE EXP. DATE: _____ CT REGISTRATION #: _____

BOND ISSUE DATE: _____ BOND #: _____

COMPLETE THIS SECTION

Address of Proposed Work: _____

Property Owner: _____ Phone Number: _____

Applicant's Name: _____ Utility: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

Is this work adjacent to or involve Town sidewalks? Yes No

Describe nature of permit work: _____

DRAW A SKETCH SHOWING EXISTING LAYOUT, PROPOSED WORK, AND DIMENSIONS OR ATTACH A DRAWING

The applicant understands and agrees that all work shall conform to the rules, regulations and specifications of the Town of Canton, and to maintain the cut pavement with a temporary patch, to restore the pavement as required including maintaining the pavement repair for five years, to reimburse the Town for all costs incurred by the Town for repair work in connection with the permit, and to indemnify and save harmless the Town from all damages caused by acts or omissions while acting under the permit.

PERMITTEE MUST NOTIFY THE PROJECT ADMINISTRATOR, 2 WORKING DAYS PRIOR TO STARTING THE WORK. PHONE: 860-693-7855

Applicant Signature: _____

Date: _____