



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF HIGHWAY OPERATIONS
 2800 BERLIN TURNPIKE, P.O. BOX 317546
 NEWINGTON, CONNECTICUT 06131 -7546

Date:	PMT-1 Rev. 5/91 State of Connecticut Department of Transportation APPLICATION FOR PERMIT	Application form must be filled in completely and mailed or delivered to the Bureau of Engineering and Highway Operations District Office
Fee: (for DOT use)		

LOCATION OF PROPOSED WORK:

- (a) Town _____ (b) Route _____ (c) Street Name & No. _____
- (d) (Circle One) N. S. E. W. side of Highway (e) Located Between Utility Poles No. _____ & No. _____
- (f) Distance and direction from nearest intersecting road. _____ Miles (N. S. E. W.) of _____ (St/Rd)

Application is hereby made to: (Describe fully & include sketch oattach plans) _____

PERMIT FEE can be paid only by check or money order payable to Treasurer- State of Conn.

<p>Name of Surety Company & amount of Bond _____</p> <p>Party whom Bond is issued:</p> <p>Print Name _____</p> <p>Signed _____ Phone _____</p> <p>_____</p> <p>Party to whom Insurance is issued:</p> <p>Print Name _____</p> <p>Signed _____</p> <p>Approximate Time Required _____ Desired Starting Date _____</p> <p>_____</p> <p>Complete Plans and Specifications must be submitted for major encroachment permits. On other work a careful sketch shall be shown on space above or on back side of application.</p>	<p>Permit to be issued to:</p> <p>Name _____</p> <p>& _____</p> <p>Address _____</p> <p>Town _____ ZIP _____</p> <p>_____</p> <p>The owner of the property for whom this work is being performed agrees to accept all future maintenance responsibility for the work specified in the permit.</p> <p>Print Owner's Name _____</p> <p>Address _____</p> <p>Signed _____ Phone _____</p>
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