



TOWN OF WINDSOR
RIGHT-OF-WAY EXCAVATION PERMIT

Permit No. _____

Submittal Date: _____

Applicant: Fill out sections 1-5 only.

Fee Amount: _____

1. Utility Owner: _____ Contractor's Name: _____
 Applicant's Name: _____ Phone: _____
 Address: _____
 City/State/Zip _____

2. Work Location: _____
 Schedule: Start Date: _____ End Date: _____
 Traffic Control Only Survey Only
 Excavation Type:
 Boring Pot Holing
 Excavation: Size: Width: _____ Length: _____ Depth: _____ Total Square Feet: _____

<p>Existing Surface Type(s) (Check all that apply):</p> <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Soil <input type="checkbox"/> Grass <input type="checkbox"/> Other: _____	<p>Type of Utility:</p> <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electric <input type="checkbox"/> Communication <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____
--	--

3. Applicant must notify the following at least 24 hours in advance of work beginning, as applicable:

<ul style="list-style-type: none"> ● Town Construction Inspectors ● Adjacent Property Owners ● Schools 	<ul style="list-style-type: none"> ● Adjacent Utilities (Utility Locates Completed) ● Adjacent Business Owners ● CDOT
---	--

4. Submit the following items with the permit application:

<input type="checkbox"/> Contractor's Certificate of Liability Insurance <input type="checkbox"/> Electronic Drawing; that meets the minimum requirements: <ul style="list-style-type: none"> ● Minimum Drawing Scale: 1" = 50' ● Location and size of the proposed utility that will be installed/repaired/moved ● Location of existing utilities ● North Arrow 	<input type="checkbox"/> Traffic control plan <ul style="list-style-type: none"> ● Location of the rights-of-way and easements ● Erosion & Sediment control plan
---	---

5. By signing this application, the Applicant verifies that they have read, understand, and agree to all of this permit's provisions and to all applicable Town of Windsor ordinances, State laws, and Federal laws. The undersigned declares that all information provided on this form and any submitted attachments are, to the best of their knowledge, true, accurate, and complete.

Applicant Signature: _____ Date: _____

Town of Windsor USE ONLY

Approved by: _____