



TOWN OF ROCKY HILL - ENGINEERING DEPARTMENT
 761 OLD MAIN STREET, ROCKY HILL, CT 06067 PHONE (860) 258-2734, (860) 258-2766, FAX (860) 258-2703
STREET EXCAVATION APPLICATION AND PERMIT

Permit No. _____

**CALL 1-800-922-4456
TOLL FREE-BEFORE YOU DIG**

C.B.Y.D. # _____

INFORMATION TO BE FILLED IN BY APPLICANT

LOCATION OF WORK ST #: _____ **STREET:** _____

- Type of Work: MDC Water Gas Co. Sidewalk
 MDC Sewer Electric Co. Driveway
 Storm Drainage Cable/Communications Other _____

Utility Co. working for if applicable: _____

Applicant Name: _____
 Address: _____ City, St, Zip: _____
 Office Phone: _____ Fax Number: _____
 Cell Phone: _____ Emergency # _____
 Field Contact: _____ Field Cell: _____
 Start Date: _____ End Date^(approx) _____

I certify that I have read & understand the conditions stated on the back of this permit and agree to all of those conditions.

Applicant Signature: _____ Date: _____

Show Sketch or attach plan

INFORMATION TO BE FILLED BY MUNICIPALITY

- Is The Contractor Licensed? Yes No
 Is Bond on File? Yes No
 Is Certificate of Insurance on File? Yes No
FEE (\$50.00) Yes No

INSPECTION INFORMATION

Date Work Began _____
 Date Inspected _____
 Date Completed _____
 Name of Inspector _____
 Type of Repair _____

PERMIT APPROVED BY: _____

SPECIAL CONDITIONS

3 MONTH FOLLOW UP:

Date Work Began _____
 Date Inspected _____
 Date Completed _____
 Name of Inspector _____
 Type of Repair _____

ISSUE DATE: _____