

Permit No	 	 	

COLO	NDSOR WRADO		TOWN OF W F-WAY EXCA		RMIT	Permit NoSubmittal Date:
Applic	cant: Fill out section	ns 1-5 only.				Fee Amount:
,	Applicant's Name: Address:				Phon	e: e:
:	□ Traffic Control C Excavation Type: □ Boring □ Pot	ate: Only Holing		□ Su	End [rvey Only Total	Pate:
_	ting Surface Type(s sphalt) (Check all tl	nat apply):	 Type □ W	of Utility:	

- **3.** Applicant must notify the following at least 24 hours in advance of work beginning, as applicable:
 - Town Construction Inspectors
 - Adjacent Property Owners
 - Schools

☐ Concrete

☐ Gravel

 \square Soil

☐ Grass

☐ Other: ____

- Adjacent Utilities (Utility Locates Completed)
 - Adjacent Business Owners

☐ Other: _____

CDOT

☐ Sewer

☐ Electric

☐ Gas

☐ Communication

- Submit the following items with the permit application:
 - ☐ Contractor's Certificate of Liability Insurance

☐ Traffic control plan

- \square Electronic Drawing; that meets the minimum requirements:

 - Minimum Drawing Scale: 1" = 50'
 Location of the rights-of-way and easements
 - Location and size of the proposed utility that will be installed/repaired/moved
 - Location of existing utilities
- Erosion & Sediment control plan

- North Arrow
- 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: _____

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Approved by: _____ Expiration Date: _____