



# Office of the Town Engineer Town of Seymour, Connecticut Excavation Permit

Permit #
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Name		Address	
Office Phone	Cell Phone	Email	
Bond Company/Bond Number		Insurance Policy Number	
Application Date	Excavation Date Range	CBYD Number	
Street Address		Cross Street 1	Cross Street 2 or Dead End

**Purpose of excavation:**

Utility building service	Install	driveway	sidewalk	curb
Utility mains	Repair	driveway	sidewalk	curb
Sanitary sewer building service	Other _____			
Sanitary sewer main	Authorized by: _____			
Connection to storm sewer	Sewer Administrator or Town Engineer			

**Additional Information**

- 1) Work being performed for: \_\_\_\_\_  
Property owner, subdivision or project name
- 2) Name(s) of Subcontractor(s): \_\_\_\_\_  
State License. #: \_\_\_\_\_
- 3) Estimated dimensions (ft.): Opening: \_\_\_\_\_ x \_\_\_\_\_ Patch: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ sq. ft.
- 4) Estimated inspection time (hrs.) \_\_\_\_\_ x \$ 100/hr. = \$ \_\_\_\_\_  
\*4-hour minimum for pavement patching and 1-hour minimum for all other work in right of way.
- 5) Will this work restrict normal two-way traffic or require road closures?    Yes    No

The applicant hereby affirms the veracity of the information contained herein agrees to conform to the ordinances and regulation of the Boards, Agencies, and Departments of the Town of Seymour and to hold said town harmless from any claim for any injury, damage or loss to persons or property which may arise in any manner by reason of such construction and furthermore to restore the public right of ways where the excavation was made in a safe condition acceptable to the reasonable satisfaction of the Town Engineer or his agent until the permanent patch is installed. This permit may be revoked at any time for a breach of conditions. As witness whereof, the applicant has signed his name to this application.

Print name and title	Signature	Date
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Town Engineer or Director of Public Works

**SEE REVERSE FOR INSTRUCTIONS AND CONDITIONS**

