



TOWN OF EAST HAMPTON

**Public Works Department
20 East High Street
East Hampton, Connecticut 06424
(860) 267-4747**

APPLICATION FOR ROAD OPENING PERMIT

To be filled in by Applicant:

Applicant's Name and Address _____

_____ Tel _____

Hereby applies for a permit to do work at:

Beginning date _____

Expected Date of Completion: _____

Description of Work:

Paving: Size of Opening: _____ square feet (each requires application)

Opening (is) (is not) in the paved roadway or sidewalk.

Special Approval: Will road have to be closed to Traffic? (yes) (no)
If yes, notice must be given 24 hours in advance.

Signature of Applicant _____ Date _____

Applicant has reviewed the Town of East Hampton Streets Standards and agrees to comply with all Federal, State, and local requirements, laws and ordinances.

Approval: _____ Date _____

Note: Permit VOID if work is not started within fifteen (15) days.

Permit # _____

Fee _____