



TOWN OF WESTPORT
DEPARTMENT OF PUBLIC WORKS

110 MYRTLE AVENUE,
WESTPORT, CT 06880
203-341-1120

APPLICATION REQUIREMENTS
for SANITARY SEWER CONNECTION
and ROAD OPENING PERMITS

To receive a Sanitary Sewer Connection Permit and/or a Roadway Opening Permit, the following items must be current and on file with the Department of Public Works Office, Room 210, Westport Town Hall:

- PERFORMANCE AND GUARANTY BOND (REQUIRED FOR ALL PERMITS)
In the amount not less than:
\$10,000.00 with expiration date noted.
CERTIFICATES OF LIABILITY INSURANCE (REQUIRED FOR ALL PERMITS)
With minimum limits as follows:
COMMERCIAL GENERAL LIABILITY,
Covering personal and adv injury and property damage, with limits of liability of:
\$1,000,000 per occurrence
\$2,000,000 in the aggregate
AUTOMOBILE LIABILITY
Covering bodily injury and property damage of:
\$1,000,000 per accident
UMBRELLA OR EXCESS LIABILITY
In an amount of:
\$1,000,000 each occurrence
\$1,000,000 in the aggregate
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
That meets State of Connecticut statutory regulations.
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
NAMING THE TOWN OF WESTPORT AS ADDITIONAL INSURED

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- ADDITIONAL REQUIREMENTS:
SEWER PERMITS
Copy of State of Connecticut Plumbing License; P1, P2, P6, P7, W8, or W9.
ROAD OPENING PERMITS
A sketch of the proposed work must be submitted at the time of permit application showing area of work with swing tie measurements to fixed objects / structures.

Peter A. Ratkiewich, P.E.
Director of Public Works



# WESTPORT, CONNECTICUT

DEPARTMENT OF PUBLIC WORKS  
TOWN HALL, 110 MYRTLE AVE.  
WESTPORT, CT 06880  
(203) 341-1120

PERMIT #
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PERMIT FEE \$125.00

## APPLICATION FOR ROAD OPENING PERMIT

<b>LOCATION</b>		<b>PRIMARY( )</b> <b>SECONDARY( )</b>
<b>PURPOSE OF OPENING</b>		
<b>"CALL BEFORE YOU DIG" NO.</b>		
<b>STARTING DATE</b>	<b>TIME FOR COMPLETION</b>	

### CONTRACTOR'S INFORMATION

<b>CONTRACTOR</b>		<b>PHONE #</b>
<b>MAILING ADDRESS</b>		<b>FAX #</b>
<b>ROAD OPENING BOND</b>	<b>CERTIFICATE OF INSURANCE</b>	
Amount	Exp. Date:	Exp. Date

### UTILITY COMPANY CONTRACTOR IS WORKING FOR, IF APPLICABLE.

<b>UTILITY COMPANY</b>	<b>PHONE #</b>
<b>CONTACT PERSON</b>	<b>PHONE #</b>
<b>MAILING ADDRESS</b>	<b>FAX #</b>

This permit is good for only 60 days from date hereof. If the work specific herein is not completed within that time period, this permit may be extended for a additional 60 days upon application to this office.

Before permit is issued, I agree to reimburse and hold the Town of Westport harmless for the expenses and damages caused by the execution of the work, and perform the work according to regulations of the Town of Westport.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Applicant)

**(FOR OFFICE USE ONLY)**

Issued By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_.

### INSPECTION LOG

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Approved By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_.