



TOWN OF WESTPORT
DEPARTMENT OF PUBLIC WORKS

110 MYRTLE AVENUE
WESTPORT, CT 06880
203-341-1793

ROAD OPENING PERMIT APPLICATION

Empty rectangular box for permit number

PERMIT INFORMATION / PERMIT FEE \$125

PERMIT #

Form with fields: LOCATION, CALL BEFORE YOU DIG #, STARTING DATE, TIME FOR COMPLETION, PURPOSE OF OPENING, PRIMARY () OR SECONDARY () ROAD, ATTACH SKETCH OF WORK AREA ON A SEPARATE SHEET.

CONTRACTOR INFORMATION

Form with fields: CONTRACTOR, ADDRESS, PHONE #, EMAIL

UTILITY COMPANY INFORMATION

Form with fields: UTILITY COMPANY, CONTACT PERSON, PHONE #, EMAIL

APPLICANT AGREES:

- This permit is good for only 60 days from date hereof. If the work specific herein is not completed within that timeframe, this permit may be extended for an additional 60 days upon application to this office.
Applicant must obtain a permit from the Town of Westport Tree Warden prior to the removal of any trees within the Town right-of-way.
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 _____ (APPLICANT)

DATE: ____/____/____

(FOR OFFICE USE ONLY)

Issued By: _____ Date: ____/____/____

Inspection Log: _____

Approved By: _____ Date: ____/____/____