

TOWN OF KILLINGLY

EXCAVATION PERMIT

PERMIT FEE: \$50.00

PERMIT NO. _____

NAME OF APPLICANT _____ PHONE _____

MAILING ADDRESS _____ CELL # _____

TOWN _____ ST _____ ZIP _____

REASON FOR EXCAVATION _____

LOCATION OF EXCAVATION

STREET NAME _____ NEAREST UTILITY POLE # _____

LENGTH OF TRENCH _____ DEPTH OF TRENCH _____

TOWN REQUIREMENT: (also see Ordinance for Street Construction and Alterations Standards Ordinance.)

MINIMUM AMOUNT OF SURETY: (\$20,000.00) Additional amount: _____

CONDITIONS OF ISSUANCE:

The contractor agrees to carry adequate workmen's compensation, contractor's liability, and automotive insurance during the course of the work covered by this permit.

Upon affixing signature to this application, the applicant agrees, as a condition governing the issuance of permit, that the Town of Killingly, the Town Manager, his agent and designees be held harmless from any and all claims and actions whatsoever arising from the exercising of said permit.

The undersigned (Applicant) agrees to comply with all *Town Requirements listed above and Ordinances that are attached*. The Applicant understands that all work shall be completed before releasing any bond required and that the Town may hold said bond for a one year guarantee period.

The Engineering Dept. MUST be notified a minimum of 24 hours prior to commencement of work at 860-779-5360

_____/_____/_____
Signature of Issuing Official Date

_____/_____/_____
Signature of owner or applicant Date

Completion Date: _____

Inspected By: _____

OFFICE USE ONLY	DATE PD _____
	AMT PD _____
	CHECK # _____ CASH <input type="checkbox"/>

*** CALL BEFORE YOU DIG 1-800-922-4455***