

Town of York
Application to Open Town Road/Street

Applicant Information: *(To be completed by Applicant)*

Permit #:

Name: _____	Phone: _____	Pager/Cell: _____
Address: _____	Town: _____	State/ZIP: _____

Primary Contact Information: *(Write "same" if primary contact for on-site work will be the applicant.)*

Name: _____	Phone: _____	Pager/Cell: _____
Address: _____	Town: _____	State/ZIP: _____

** If work is for a utility, an application for a Utility Location permit shall be submitted to the Town (35-A MRSA sec. 2501-2507)*

Proposed Work Information: *(To be completed by Applicant)*

Road/Street Name: _____	
Location of work: <i>(roadway, shoulder, sidewalk, etc)</i> _____	
Type of Work Proposed: _____	
Who will perform the work? _____	
Anticipated work Schedule: Starting Date: _____ Completion Date: _____	

** Please attach a plan indicating the roadway, location of work proposed, anticipated impacts, and any other reference features. (23 MSRA sec. 3358)**

Existing Utilities: *(List all utilities in the work area; indicate whether or not they have been notified of the proposed work)*

<u>Utility Name</u>	<u>Underground</u>	<u>Above Ground</u>	<u>Notified?</u>
_____	Yes / No	Yes / No	Yes / No
_____	Yes / No	Yes / No	Yes / No
_____	Yes / No	Yes / No	Yes / No
_____	Yes / No	Yes / No	Yes / No

DigSafe #

Disturbed Surface Area & Permit Cost Information: *(To be completed by Applicant)*

<u>Surface Type</u>	<u>(A) Width</u>	<u>(B) Length</u>	<u>Est. Area (A X B)</u>	<u>Permit Cost</u>
Paved Surface: bituminous or Treated surface/shoulders	Ft.	Ft.	Sq. Ft.	N/A
Concrete Surface: Portland Cement concrete or Bituminous on concrete.	Ft.	Ft.	Sq. Ft.	N/A
All Other surfaces: Plain gravel surface or shoulder or area outside roadbed.	Ft.	Ft.	Sq. Ft.	N/A
Direct Buried Cable: (Low-Impact installation of pipe/cable outside of the traveled way/shoulder)		Ft.	Lin. Ft	N/A
Work in addition to replacing pavement (specify)				
TOTAL:				\$100.00

FOR CLERK'S USE ONLY:

MCR GROUP-PUBLIC WORKS

AR CLASS-STREET OPENINGS

RECEIPT NUMBER _____

DATE ISSUED _____

INITIALS _____

NOTICE TO APPLICANT: By signing this application for a Street Open permit, the undersigned hereby certifies: a) that he/she is a duly authorized employee and representative of the utility/entity identified above (“Applicant”); b) that the information provided herein is true and accurate; c) that the Application is understood to be for a limited period (23 MRSA sec. 3351 & 3352) and that the Applicant, at its sole expense, may have to adjust, remove, or relocate its facilities in the future (35-A MRSA sec. 2504); and d) that the applicant will maintain its facilities in accordance with all applicable laws.

Applicant Signature (Permit Request):

Signature:	Printed Name:
Title:	Date:

Specific attention is directed to the requirement of 23 MRSA Section 3360-A, Protection of Underground Facilities (a.k.a. “The Dig Safe Law”) which requires notification to various entities at least three working days prior to making an excavation. Additional information may be found at: www.digsafe.com . The applicant further agrees that, upon approval and issuance of a permit, the Department of Public Works will be notified in writing/email at least 48 hours in advance of any sort of work.

Town Signature (Permit Approval):

Date Received by Town:

Signature:	Printed Name:
Title:	Date:

The applicant shall be responsible for maintenance of the affected area until construction is accepted by the Director of Public Works. The Applicant is further advised that a representative from the Town of York will inspect the completed work to ensure the long-term acceptability of the repairs. The Director of Public Works shall inspect the street opening any time within 2 years following completion of the permanent resurfacing by the applicant.

By signing this application below, the undersigned hereby certifies that all work complies with the following requirements, as applicable: (1) all conditions specified in or attached to the highway opening permit; (2) the Town of York’s Street Opening and Culvert Ordinance enacted November 6, 2012; (3) the Department of Transportation’s Utility Accommodation Rule (17-229 CMR 210) when applicable; (4) all conditions of a Utility Location Permit issued (35-A MSRA 2501–2507); and (5) local ordinances and federal and state laws. In the event of a conflict between any applicable requirements, the more stringent requirement shall govern unless otherwise directed by the Town.

Applicant Signature (Construction Complete):

Signature:	Printed Name:
Title:	Date:

Town Signature (Construction Accepted):

Date Received by Town:

Signature:	Printed Name:
Title:	Date:

Please make checks payable to the Town of York, and note address of Street Opening on the check

Enclosures: *Special Conditions*

If enclosures are not as noted, kindly notify us at once.