## TOWN OF PARIS, MAINE HIGHWAY DEPARTMENT

## APPLICATION TO OPEN ROAD/STREET/HIGHWAY

Name of Applicant	Phone Num	ber D	ate of Applicant	
Address of Applicant		51838		
Road/Street Name	Purpose of Openin	g		
	- X-12-7-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	to		
Work to be performed by	Start Da		Completion Date	
UTILITIES: Are there any utilities in the area of this opening? If yes, has the utility been advised by written notice? Has DigSAFE been contacted?	YesNo YesNo YesNo (if Yes) Di	gSAFE Permit Numbe	r	
SURFACE TYPE	COST	EST. AREA	ECT DEDIVIT	
9000 - Charles - College -	(Per sq. yd.)	EST. AREA	EST. PERMIT FEE	
Bituminous Concrete/Bituminous treated surface or shoulders (Minimum Fee \$100.00	\$100.00 per sq. yd		\$	
Plain gravel surface or shoulder	\$10.00 per sq yd		\$	
Formula = Length in Feet x Width in Feet $\div$ 9 = sq. yd.		TOTAL	\$	
ALL PAYMENTS ARE DUE AND PAYABLE TO			1	
<ol> <li>A person to give a minimum of 48 hours notice, in writing, to utilit is in a railroad right-of-way.</li> <li>A person to file copies of all notices with the Town of Paris before</li> <li>Utility companies or districts must give written or verbal notice to</li> <li>Your endorsement of this form certifies to the Town of Paris that u requirements listed above.</li> <li>Proper signage and traffic control must be used to the satisfaction of Highway Foreman will be notified.</li> <li>All back fill will be of appropriate material and compacted in 12" I</li> <li>All excavations will be properly and completely repaired in 7 work</li> <li>Applicant is responsible for excavation until it is repaved.</li> </ol>	any required permit is issued of other utility companies or distri- utility companies and districts has of the Road Commissioner or the layers/lifts.	or certifies that such notice icts prior to the excavation ave been notified in accor neir authorized representat	es have been given.  1.  dance with the	
STATE I UNDERSTAND THAT THE OPENING WILL BE MEASURE REVIEWED BY THE CEO. I AGREE TO PAY ANY SUBSEQUE THE ACCURATE MEASURMENTS. IF TOTAL COSTS ARE I MADE. (only refunds in excess of \$1.00 will be made.) I AGREE (INCLUDING REPAVING) TO THE SATISFACTION OF THE COMPLETION OF WORK.	JENT CHARGES ON THE D FOUND TO BE LESS THAN TO BE RESPONSIBLE FOR	IFFERENCE BETWEE ESTIMATED FEE PAI ALL RESTORATION	N THOSE ESTIMATED A D, A REFUND WILL BE	
Signature of Applicant	0.000	Da	ita	
Signature of Road Commissioner				
	-	Da	te	
Signature of Highway Foreman		Da	te	
Signature of CEO		Da	te	

NOTE: A copy of the appropriate property tax map marked with the specific location (Map and Lot number) must accompany this Application. You may obtain this map from the front desk. No permits shall be issued between November 1 and April 15 of any given fiscal year.