

TOWN of DANVILLE
PO Box 183
DANVILLE, VERMONT 05828

Application for Highway Cut Permit

Date: _____

Fee Attached \$20.00

Applicant Name: _____ Phone # _____

Mailing Address: _____

Town Highway# _____ Road Name _____

Describe the nature of work to be done:

(Attach Sketch or Diagram)

Date (s) work to be done: _____

Work to be done by: _____

Traffic Control required: _____ If yes describe how traffic control will be maintained.

I Have read and understand the "HIGHWAY CURBCUT POLICY" of the Town of Danville and agree to abide by its conditions. Dig Safe Systems Inc has been notified.

Applicants signature _____

Received by Town of Danville on: _____ with the fee of \$20.00

And Deposit of _____ \$1,000.00 Class II roads, _____ \$500.00 Class III and IV Roads.

Application for Highway Cut Permit Continued

Highway Foreman's Comments: _____

Highway Foreman's Decision:

The application of _____ to do work
within the Town Right of Way on Town Highway # _____

Road name _____ is hereby:

_____ Approved with these conditions:

_____ Denied for these reasons:

Date: _____

Highway Foreman

The Highway Superintendent or his designated subordinate has completed final inspection of Road Cut and the Deposit Return is: Approved _____ Denied _____

Date _____

Highway Foreman