

**TOWN of DANVILLE  
P.O. Box 183  
DANVILLE, VERMONT 05828**

**Application for Highway Cut Permit**

Date: \_\_\_\_\_

Fee:   \$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:   ☐ Yes   ☐ No   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.

Applicant(s) signature: \_\_\_\_\_

Received by Town of Danville on: \_\_\_\_\_ with the fee   ☐ Yes   of \$20.00  
Date

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

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 Foreman or his designated subordinate has completed final inspection of Road Cut and  
the Deposit Return is ☐ Approved ☐ Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Highway Foreman

Danville Selectboard Members:

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Vice Chair

\_\_\_\_\_  
Selectboard

\_\_\_\_\_  
Selectboard

\_\_\_\_\_  
Selectboard

\_\_\_\_\_  
Date