



Questions call (860) 823-3230  
**STATE OF CONNECTICUT**  
 DEPARTMENT OF TRANSPORTATION  
 BUREAU OF ENGINEERING & HIGHWAY OPERATIONS  
 2800 BERLIN TURNPIKE, P.O. BOX 317546  
 NEWINGTON, CONNECTICUT 06131-7546

Date:	PMT-1 Rev. 5/91 State of Connecticut Department of Transportation <b>APPLICATION FOR PERMIT</b>	Application form must be filled in completely and mailed or delivered to the Bureau of Engineering and Highway Operations District Office
Fee: (for DOT use)		

**LOCATION OF PROPOSED WORK:**

(a) Town \_\_\_\_\_ (b) Route \_\_\_\_\_ (c) Street Name & No. \_\_\_\_\_  
 (d) (Circle One) N. S. E. W. side of Highway (e) Located Between Utility Poles No. \_\_\_\_\_ & No. \_\_\_\_\_  
 (f) Distance and direction from nearest intersecting road, \_\_\_\_\_ Miles (N. S. E. W.) of \_\_\_\_\_ (St/Rd)

Application is hereby made to: (Describe fully & include sketch or attach plans) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PERMIT FEE can be paid only by check or money order payable to Treasurer - State of Conn.

<p>Name of Surety Company &amp; amount of Bond          _____</p> <p>Party whom Bond is issued:          Print Name _____          Signed _____ Phone _____</p> <hr/> <p>Party to whom Insurance is issued:          Print Name _____          Signed _____</p> <p>Approximate Time Required _____ Desired Starting Date _____</p> <p>Complete Plans and Specifications must be submitted for major encroachment permits. On other work a careful sketch shall be shown on space above or on back side of application.</p>	<p>Permit to be issued to:</p> <p>Name _____          &amp; _____          Address _____          Town _____ ZIP _____</p> <hr/> <p>The owner of the property for whom this work is being performed agrees to accept all future maintenance responsibility for the work specified in the permit.</p> <p>Print Owner's Name _____          Address _____          Signed _____ Phone _____</p>
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