



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF HIGHWAY OPERATIONS AND
MAINTENANCE



- DISTRICT 1 (1107 Cromwell Avenue, Rocky Hill, CT 06067) (860) 258-4544
- DISTRICT 2 (171 Salem Turnpike, Norwich, CT 06360) (860) 823-3230
- DISTRICT 3 (140 Pond Lily Avenue, New Haven, CT 06515) (203) 389-3000
- DISTRICT 4 (359 South Main Street, Thomaston, CT 06787) (203) 591-3627

Date: _____ **APPLICATION FOR REVIEW OF ENCROACHMENT PERMIT**

The attached check list is to be included with and considered part of the application.
(PLEASE FILL OUT COMPLETELY. NOTE: **ORIGINAL SIGNATURE OF OWNER REQUIRED - BLUE INK**)

PMT-1 Rev.10/18

Description of Project: _____

Location: _____

(complete street address, if none, provide map/block/lot information and provide plan(s) as needed)

Town and Zip Code: _____

FOR COMMERCIAL PROPOSALS ONLY

Proposed Gross Floor Area (GSF) and Land Use: _____ Total Parking Spaces: _____

Planning and Zoning Approval:

Date Received: _____ Date Expected: _____ Not Required:

Property Owner's Name as noted in the Municipal Land Records: _____

(If there is more than one land owner, a separate application page shall be shown for each)

Street Address: _____

Town, State, & Zip Code: _____

Telephone: _____ Mobile Number: _____

Email: _____

Developer/Applicant/Representative's Name (if different from Owner): _____

Street Address: _____

Town, State, & Zip Code: _____

Telephone: _____ Mobile Number: _____

Email: _____

By signing this form, the owner indicates that the authorized representative designated below is conferred general authority to act on behalf of the owner/developer with respect to all matters arising from the review of this application.

X

Property Owner's Signature (Original/Blue Ink)

X

Developer/Applicant/Representative's Signature (Original)

Property Owner's Name

Developer/Applicant/Representative's Name (Typed)

Fee: (for DOT use) #	
\$	Rec'd:

Developer/Applicant/Representative's Title

Name of Surety Company: _____

Bond Amount: _____ Required Amount for Job: _____ Bond #: _____

Name of Party to whom Bond is Issued: _____

Phone Number: _____

Insurance Policy Number: _____ Expiration: _____

Name of Party to whom Insurance is Issued: _____

Phone Number: _____

In evaluating this application, the Office of Maintenance will rely on the information provided by the applicant. If such information subsequently proves to be false, deceptive, incomplete, and/or inaccurate, the Department reserves the right to deny the reviewed application and require a resubmission.

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