GENERAL INFORMATION

The application shall be filled out completely and returned to the Connecticut Department of Transportation, Division of Traffic Engineering, 2800 Berlin Turnpike, Post Office Box 317546, Newington, Connecticut 06131-7546, along with the NON-REFUNDABLE application fee in the amount of \$2000.00 per business, per interchange. Make checks or money orders payable to "Treasurer, State of Connecticut." The application fee will cover the cost of field investigation and processing the application.

APPLICANT MUST MEET ALL REQUIREMENTS SPECIFIED IN REGULATIONS NO EXCEPTIONS

Upon approval of the application, the applicant will be sent information on necessary concurrences, forms, specifications, standards, sign requirements, and encroachment permit requirements. The initial approved business of a signing installation will also be required to execute an Information Sign Maintenance Concurrence and furnish a performance bond (minimum \$10,000.00) to run for the life of the Concurrence. The initial business is responsible for hiring a contractor and all costs for the installation of specific information signing required. Subsequent businesses will be required to reimburse the initial business a percentage of the installation costs as indicated in the regulations governing the program. All approved applicants will be required to submit a completed encroachment permit application to the appropriate District Maintenance Manager along with a Certificate of Insurance (standard industry accord form) furnished by the Department of Transportation, indicating the correct protective liability insurance coverage by the permittee. After completion of the necessary forms, the applicant will receive a permit authorizing him to hire a contractor to erect the sign(s). When a full compliment of business signs are displayed on a specific information sign, and another qualified business applies, the applying business may "bump" the business located farthest from the ramp terminus, only after that business has been displayed for the minimum time allowed.

APPLICATION INSTRUCTIONS

The application shall be completed as follows:

- <u>Line 1</u> Identify the interchange where your business is located (i.e., route, exit number, name of intersecting roadway). See list of qualified interchanges and approaches. Specific information signing is allowed <u>only</u> at these interchanges. <u>CAUTION</u>: applications for signing at interchanges listed does <u>not</u> guarantee approval. Existing field conditions may not allow for signing to be erected. Feasibility will be determined during field investigation after application is made and application fee is paid.
- <u>Line 2</u> Give distance and direction from the nearest ramp terminus (the point of exit from the highway ramp onto the intersecting roadway) to the nearest entrance to your business. Only <u>one</u> additional turn is allowed after leaving ramp terminus.
- <u>Line 3</u> Indicate if your business establishment (including on-premises signing or other identifying features) is visible from either ramp terminus.
- <u>Line 4,5,6 & 7</u> Below the appropriate type of service place a check mark in all applicable blocks.
- Line 8 Enter approved State or local permit or license number(s) and the date(s) issued.

APPLICATION INSTRUCTIONS (Con't.)

Line 9 – Enter daily hours of operation.

Required:

GAS – 16 consecutive hours, 7 days a week.

FOOD – 8 hours, 6 days a week

LODGING – 24 hour operation, 7 days a week.

CAMPING – 24 hour operation, 7 days a week, may be closed for not more than 180 consecutive days between November 1 and May 1.

Line 10 – Check the days of the week your business is in operation.

Line 11 – Enter months of operation.

<u>Line 12</u> – (Camping Only) – If your business is operated on a seasonal basis, enter dates of closed season.

Applicant's Certification shall be signed by all applicants. Failure to sign application or to complete all applicable lines will result in its rejection.

For additional information, please email <u>DOT.LogoSigns@ct.gov</u>.