



# CONNECTICUT DEPARTMENT OF TRANSPORTATION



## LOCAL BRIDGE PROGRAM

### PRELIMINARY APPLICATION

Preliminary application is hereby made by the Town/City/Borough of \_\_\_\_\_  
for possible inclusion in the Local Bridge Program for Fiscal Year **2017** for the following structure:

Bridge Location: \_\_\_\_\_

Bridge Number: \_\_\_\_\_ Structure Length: \_\_\_\_\_ feet Curb-to-Curb Width: \_\_\_\_\_ feet

Sufficiency Rating: \_\_\_\_\_ % Priority Rating: \_\_\_\_\_ %

Evaluation & Rating Performed by: \_\_\_\_\_ State Forces \_\_\_\_\_ Others

If Others, Name of Professional Engineer: \_\_\_\_\_

Connecticut Professional Engineers License Number: \_\_\_\_\_

Engineering Firm: \_\_\_\_\_

Engineer's Address: \_\_\_\_\_

Engineer's E-mail Address: \_\_\_\_\_

Description of Existing Condition of Structure: *(attach description)*

Description of Project Scope: \_\_\_\_\_ *(note Bridge Repair Code as per Figure 5-1 of the FY 2017 Local Bridge Program Manual; attach narrative/preliminary plans & specifications).*

Name of Municipal Official to Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Anticipated Schedule:

(MM/DD/YYYY)

Public Meeting Conducted: \_\_\_\_\_

Design Completion: \_\_\_\_\_

Property Acquisition Completion: \_\_\_\_\_

Utilities Coordination Completion: \_\_\_\_\_

Construction Advertising: \_\_\_\_\_

Supplemental Application Submission: \_\_\_\_\_  
(Not applicable for Federal Local Bridge Program Projects)

Start of Construction: \_\_\_\_\_

Completion of Construction: \_\_\_\_\_

# Local Bridge Program – FY 2017 Preliminary Application

Bridge Number \_\_\_\_\_, Town/City/Borough of \_\_\_\_\_

## Preliminary Cost Figures:

Preliminary Engineering Fees (Include Breakdown of Fees) \$ \_\_\_\_\_

Rights-of-Way Cost (If applicable) \$ \_\_\_\_\_

Municipally Owned Utility Relocation Cost \$ \_\_\_\_\_

Estimated Construction Costs (Include Detailed Estimate) \$ \_\_\_\_\_

Construction Engineering (Inspection, Materials Testing) \$ \_\_\_\_\_

Contingencies (10% of Construction Costs Only) \$ \_\_\_\_\_

Total Estimated Project Cost \$ \_\_\_\_\_

## Financial Aid Data:

**NOTE: funding limited to Eligible Bridges** as published at [www.ct.gov/dot/localbridge](http://www.ct.gov/dot/localbridge) or those found to be eligible in accordance with Section 2.3 – Priority Lists of the FY 2017 Local Bridge Program Manual.

### Federal Reimbursement:

Total Estimated Project Cost multiplied by 80%:

Federal Aid Request \$ \_\_\_\_\_

### State Local Bridge Project Grant: (Cannot be combined with Federal reimbursement)

Municipal Grant Percentage \_\_\_\_\_% of Total Cost (Appendix 2 of FY 2017 Local Bridge Program Manual)

Project Grant Request: \$ \_\_\_\_\_

Other Source of State or Federal funding received/applied for: \$ \_\_\_\_\_, State/Federal \_\_\_\_\_  
Funding program: \_\_\_\_\_

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I hereby certify that the above is accurate and true, to the best of my knowledge and belief. I also certify that this form has not been modified in any way from that distributed by the Department of Transportation for FY 2017.

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by Chief Elected Official, Town Manager, or other Officer Duly Authorized)

Return **original signed applications** to: Mr. Francisco T. Fadul, P.E.  
Project Engineer for the Local Bridge Program  
Connecticut Department of Transportation  
2800 Berlin Turnpike, P.O. Box 317546  
Newington, Connecticut 06131-7546