

Town of Suffield, CT DEPARTMENT OF PUBLIC WORKS

RIGHT-OF-WAY PERMIT APPLICATION

Permit Fee: \$50.00 Make checks payable to: "The Town of Suffield"

I. APPLICANT'S/CONTRACTOR'S NAME: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Hereby applies for permit to perform work located at:

LOCATION: \_\_\_\_\_ START DATE: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

II. CALL BEFORE YOU DIG: (1-800-922-4455 OR CBYD.COM) Ticket#: \_\_\_\_\_

III. INSURANCE: Unless you have an insurance certificate on file with the Town, attach a certificate showing the undersigned carries a policy of insurance for public liability and property damage naming the Town of Suffield harmless against any claim which might arise out of the proposed work.

Insurance Certificate Attached

Insurance Certificate on File

IV. TYPE OF WORK:

Sewer  Water  Gas  Electric  Telephone  Driveway apron

Curb Cut  Other

Other: \_\_\_\_\_

\*Drawing is REQUIRED\*

PAVING: SIZE OF OPENING \_\_\_\_\_ Square Feet

OPENING (IS) (IS NOT) in paved roadway or sidewalk

WAIVER OF CLAIM: I agree to reimburse the Town Of Suffield for any expense incurred by said Town in completing any work which is to be performed in connection with this permit. I further agree to defend and hold harmless the Town Of Suffield from any injuries to persons or property resulting from any work performed in connection with this permit. I am familiar with and will abide by the requirements for this permit. I will adhere to the Town Standard Specifications, Ch. 15, Art. II, of the 1987 Code section 265-5 – 265-7 and to the general conditions shown on the reverse side of this application form.

Applicants/Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY Suffield Public Works**



Town Of Suffield, CT PERMITNO. \_\_\_\_\_

Permission has been granted to \_\_\_\_\_ of \_\_\_\_\_

to open \_\_\_\_\_ Sq.Ft. of Town Right of Way at \_\_\_\_\_ in accordance with  
Town Standard Specifications and to the general conditions shown on the application.

Date \_\_\_\_\_ Approved \_\_\_\_\_ (Director of Public Works)

**NOTE: VOID 30 DAYS AFTER ABOVE DATE** (Extensions may be granted by contacting Public Works Department at  
(860) 668-3280)

**POST THIS APPROVED PERMIT AT WORK SITE**

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**Town of Suffield, CT**  
**DEPARTMENT OF PUBLIC WORKS**



**GENERAL CONDITIONS UNDER WHICH THIS PERMIT IS GRANTED**

The permittee shall carefully and truly observe the standard specifications adopted by the Town Of Suffield to govern the work covered by this permit. Failure may result in revocation of this permit and liability for the costs incurred by the Town in making necessary repairs.

Notice shall be given by the permittee to this Town 24 hours in advance of construction.

A copy of this permit shall be kept at the work site and shall be available to Town officials upon request.

No work shall result in the concentration and discharge of surface or subsurface water onto public or private property resulting in damage to that property.

This permit is null and void unless a valid "Call Before You Dig" number appears on the permit form.

It is the permittee's responsibility to provide Bond and Certification of Insurance, Town Indemnification, and Waiver of Claim as required prior to the issuance of a permit. Work resulting in violations of Town ordinances will be reconstructed to conformance with the costs billed to and payable by the permittee.

**SPECIFIC CONDITIONS**

- 1 No construction activity, unless approved by the Director of Public Works, shall begin before 7:00 am nor extend beyond one (1) hour after sundown, Monday through Saturday
  - 2 No street shall be closed nor detour established without the prior approval of the Suffield Police Department and Director of Public Works.
  - 3 No materials shall be stored in the area of street and sidewalk outside of working hours. Any materials or equipment stored within other areas of the Town rights-of-way shall be protected with lights and barricades.
  - 4 When for reasons of safety it is necessary to take immediate corrective action, the contractor will be notified by telephone at the emergency number on this form. If the contractor cannot be contacted or fails to do the work, the Town will take corrective action and bill the contractor.
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