

DRIVEWAY/ROADWAY EXCAVATION PERMIT APPLICATION
CITY OF GROTON - HIGHWAY DEPARTMENT

BE ISSUED TO: _____

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

DATE OF ISSUE: _____

LOCATION OF WORK: _____

NAME OF PROPERTY OWNER: _____

WORK TO BE PERFORMED: _____

MANDATORY PROOF OF INSURANCE COVERAGE IN THE AMOUNT DESCRIBED BELOW IS REQUIRED. EXCEPTIONS TO THESE REQUIREMENTS ARE SUBJECT TO THE SOLE DISCRETION OF THE CITY OF GROTON ALSO, A PERFORMANCE BOND IN AN AMOUNT EQUAL TO THE ESTIMATED COST OF RESTORING THE STREETS AND SIDEWALKS OR TWO THOUSAND DOLLARS (\$2,000.00), WHICHEVER IS GREATER, IS REQUIRED. INSURANCE COVERAGE AND PERFORMANCE BOND WILL CONTINUE IN FORCE UNTIL TWELVE (12) MONTHS AFTER SATISFACTORY COMPLETION OF THE WORK. PERMIT FEE IS \$25.00.

NOTIFY CALL BEFORE YOU DIG @ 1-800-922-4455 FOR ANY EXCAVATION IN THE CITY RIGHT OF WAY

GENERAL LIABILITY

EACH OCCURRENCE	\$1,000,000
PERSONAL/ADVERTISING INJURY PER OCCURRENCE	\$1,000,000
GENERAL AGGREGATE	\$2,000,000
PRODUCT/COMPLETED OPERATIONS AGGREGATE	\$2,000,000
FIRE DAMAGE LEGAL LIABILITY	\$ 100,000

AUTOMOBILE LIABILITY

EACH ACCIDENT	\$1,000,000
HIRED/NON-OWNED	\$1,000,000

EXCESS (UMBRELLA) LIABILITY

EACH OCCURRENCE	\$1,000,000
GENERAL AGGREGATE	\$1,000,000

WORKERS COPENSATION

STATUTORY REQUIREMENT SET FORTH BY THE STATE OF CONNECTICUT

SKETCH OF THE PROPOSED WORK ON SECOND SHEET

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THE UNDERSIGNED HEREBY AGREES TO CONDUCT THE ABOVE DESCRIBED WORK IN ACCORDANCE WITH THE REGULATIONS OF THE CITY OF GROTON, HIGHWAY DEPARTMENT. FOR ANY QUESTIONS, YOU CAN CONTACT AI CHAPMAN, S.E.T.A., AT (860) 446-4166. / BILL LEWIS P.W.P.E. (860) 446-4164

SIGNED: _____ **DATE:** _____

PRINT NAME: _____

CONTACT PERSON: _____

SITE TELEPHONE NO.: _____