

Town of Harpswell APPLICATION FOR STREET OPENING PERMIT

(For Office Use Only)	
Application No.:	_____
Date/Time Received:	_____
Fee \$:	_____

Applicant:		Contractor Performing Work:		Property Owner:	
Address:		Address:		Address:	
Applicant's Phone No.:		Contractor's Phone No.:		Owner's Phone No.:	
24-Hour On Call Phone No.:			Contact Person: (if different from applicant)		
Location of Excavation: _____ (Street/Box Number & Name of Street)				Tax Map: _____ Lot No.: _____	
Purpose of Work:					
Method of Excavation:					
Proposed Starting Date		Proposed Completion Date		Dig Safe Ticket #	
Except in an Emergency, no excavation is permitted from Nov. 16 th of each year to March 31 st of the following year.					
Proof of Right, Title or Interest is required. Is real estate title opinion from an attorney licensed to practice in Maine attached? Yes: _____ No: _____			Proof of Insurance is required. Is Certificate of Insurance attached? Yes: _____ No: _____		
Who does Applicant propose to complete permanent resurfacing? Town _____ Applicant's Contractor (specify) _____					

Estimated Fees

	Cost Per S.Y./Ft.	S.Y./Ft.	Amount
Streets paved within five years immediately prior to the excavation*:			
Bituminous concrete 4 inches or more in depth	\$80.00		
Bituminous concrete less than 4 inches in depth	40.00		
Streets paved five years or more prior to the excavation*:			
Bituminous concrete 4 inches or more in depth	65.00		
Bituminous concrete less than 4 inches in depth	40.00		
Bituminous concrete over Portland Cement concrete	35.00		
Other areas:			
Bituminous treated surface or shoulder	35.00		
Plain gravel surface	10.00		
Grass esplanade	15.00		
Bituminous concrete curbing	10.00		
Granite curbing removal or realignment	20.00		
Granite curbing installation	30.00		
Sidewalk**:			
Bituminous concrete sidewalk	20.00		
Portland Cement concrete sidewalk	25.00		
Brick sidewalk	25.00		
Brick sidewalk on concrete base	30.00		
Gravel sidewalk	10.00		
		Subtotal-Resurfacing Fees	
		Application Fee (\$50.00)	
		TOTAL ESTIMATED FEE	

*There shall be a minimum five (5) square yard charge for any street opening at the appropriate unit rate set forth herein.

**There shall be a minimum three (3) square yard charge for any sidewalk opening at the appropriate unit rate set forth herein.

Describe Proposed Opening on Sketch Below or Attach Sketch or Plan to This Application

Show distance of opening from curb or pavement edge, width, depth and length of opening, nearest intersecting street, street numbers and abutting properties, existing utilities, proposed locations of barricades, warning signs, detour signs and detour routes.

Check here if sketch or plan is attached. If so, please be sure to attach the sketch or plan to this application.

Notice To Applicant

1. This form is an application only and no excavation work is to commence until the Street Opening Permit has been issued.
2. No excavation work is to commence until DIG SAFE and all underground facility operators have been duly notified of the work 3 business days in advance in accordance with the current State of Maine statutory requirements.
3. All work must conform to the requirements of the Street Opening Permit and the Town of Harpswell Street Opening Ordinance.
4. Fee \$ _____ . *Make checks payable to the Town of Harpswell.*

Statement of Agreement

I am duly authorized to execute this application and have reviewed and will comply with the above. I am familiar with the Town of Harpswell Street Opening Ordinance, and I agree to comply with all requirements of the Street Opening Permit, Street Opening Ordinance and the Dig Safe law, 23 M.R.S.A. § 3360-A, all as may be amended from time to time. I understand that, if applicable, the opening will be measured by the Road Commissioner or Code Enforcement Officer, and I agree to pay any subsequent charges on the difference between the estimate and final accurate measurement. If total cost is less, a refund will be issued. I further agree to pay any charges that may become due as a result of my failure to comply with any of the requirements of the Street Opening Ordinance.

Signature of Applicant _____

Date _____

FOR OFFICE USE ONLY

Permit Granted / Denied (circle one)

By: _____

Date: _____

Permit # _____

Number of Days Permit is Valid Once Work Commences: _____

Who is to Complete Permanent Resurfacing? _____

Conditions: _____

INSPECTOR'S REPORT:

Was type of backfill satisfactory? _____

Was shoring necessary? _____

Was compaction satisfactory? _____

Was fencing and/or lighting necessary? _____

Were temporary surface repairs adequate? _____

Were surfaces outside paved area completed? _____

Date of Inspection: _____

Signed: _____

Inspector