

BRANFORD ENGINEERING DEPARTMENT

1019 Main Street, P.O. Box 150 | Branford, CT 06405
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ROAD EXCAVATION APPLICATION

Date: _____

Location of excavation: _____

(If no exact street number indicate street numbers excavation is between.

Example: Main Street between 1020 and 1030)

Contractor Performing Excavation: _____

Contractor Mailing Address: _____

Telephone Number: _____

Email Address (*required*): _____

Description of Work: _____

Utility Company work being performed for (if applicable): _____

CBYD No.: _____

****\$2000.00 Cash Bond and Liability Insurance (naming Branford as additional insured) required****

Applicant Name: _____ Applicant Signature: _____

Application decisions will typically be rendered within 2-3 business days.

Work shall not commence until Permit is received unless authorized under emergency conditions.

Internal Use Only:

Permit #: _____

Insurance ____ Utility Letter ____ \$45.00 Fee Paid ____ cash or check

Bond Posted ____ Bondholder Name _____

Approved ____ Denied ____ Signature: _____ Date: _____

Comments: _____

Patch Required: YES or NO