TOWN OF FORT KENT

APPLICATION & PERMIT TO OPEN LOCAL ROADWAY

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| Name of Applicant | | | Date: |
| Address of Applicant: | | | |
| Road Name: | | Location: | |
| Map & Lot: | | Phone Number: | |
| Purpose of Roadway Opening: | | | |
| Work To Be Done By: | | | |
| Starting Date: | Utilities:  Are there any utilities in the area of this opening ( ) Yes ( ) No  If yes, has Dig Safe and the utility been advised ( ) Yes ( ) No | | |
| Completion Date: |
| Surface Type: | | | |
| Describe your proposed backfilling and surface restoration activity: | | | |
| Any work in addition to replacing pavement (Specify) | | | |
| PERMIT FEE MUST ACCOMPANY THIS APPLICATION BEFORE AN OPENING PERMIT IS ISSUED. A PERMIT FEE OF $20.00 IS REQUIRED IN THE FORM OF A CHECK MADE PAYABLE TO THE TOWN OF FORT KENT. | | | |
| NOTES: 1***. Must be first reviewed by the Code Enforcement Officer***. 2. Copies of the Town of Fort Kent Local Roadway Opening Ordinance are available at the Town Office for a fee or online at www.fortkent.org. | | | |
| STATEMENT OF AGREEMENT  I UNDERSTAND THAT THE OPENING WILL BE INSPECTED BY A REPRESENTATIVE OF THE TOWN OF FORT KENT. I AGREE TO BE RESPONSIBLE FOR ALL FINAL RESTORATION WITH THE TERMS OF THE LOCAL ROADWAY OPENING ORDINANCE. THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM ANY OTHER STATE OR FEDERAL PERMITS THAT MAY BE REQUIRED. | | | |
| SIGNATURE OF APPLICANT: | | | |
| The holder of this permit is authorized to open a roadway in accordance with the terms, conditions, and location as stated above and in the Local Roadway Opening Ordinance. | | | |
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| **Fee Paid Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Issued on Date: \_\_\_\_\_\_\_\_\_\_\_**  **Public Works Department Head:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**  **First Inspection Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**  **Second Inspection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**  **Owner’s eighteen (18) month warranty expires on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Code Enforcement Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_** | | | |

1st Copy- Town’s Copy 2nd Copy – Public Works 3rd - Applicant’s Copy

**Local Roadway Opening Application Sketch Plan**

The purpose of this "Sketch Plan" is to show the location of the proposed opening in relation to the highway. This plan is not necessarily drawn to scale, however, all reference points, offset distances and lengths must be accurately indicated.

Indicate

NORTH