

**TOWN of DANVILLE
P.O. Box 183
DANVILLE, VERMONT 05828**

Application for Highway Cut Permit

Date: _____

Fee: \$20.00

Applicant Name: _____ Phone #: _____

Mailing Address: _____

Email: _____

Town Highway# _____ Road Name: _____

Describe the nature of work to be done: _____

(Attach Sketch or Diagram)

Date(s) work to be done: _____

Work to be done by: _____

Traffic Control required: Yes No If yes, describe how traffic control will be maintained.

I have read and understand the "HIGHWAY CURBCUT POLICY" of the Town of Danville and agree to abide by its conditions. Dig Safe Systems, Inc. has been notified.

Applicant(s) signature: _____

Received by Town of Danville on: _____ with the fee Yes of \$20.00
Date

And Deposit of \$1,000.00 Class II roads \$500.00 Class III and IV Roads Waived

Highway Foreman's Comments: _____

Highway Foreman's Decision:

The application of: _____ to do work within the Town Right of Way
on Town Highway # _____ Road name: _____ is hereby:

Approved with these conditions: Denied for these reasons:

Date

Highway Foreman

The Highway Foreman or his designated subordinate has completed final inspection of Road Cut and
the Deposit Return is Approved Denied

Date

Highway Foreman