



**PUBLIC WORKS DEPARTMENT
TOWN OF WINCHESTER**

189 Rowley Street
Winsted, CT 06098
Phone (860) 379-4070 Fax: (860) 738-3509

No. _____

Date: _____

**Application for Permit-Right of Way Encroachment Permit
LOCATION OF PROPOSED WORK**

Permit Fee: \$50.00 & \$5,000 Cash or Surety Bond

Address: _____

Starting Location: _____

Ending Location: _____

Distance & Direction from the nearest intersecting road _____ feet/miles (N S E W) of _____ (ST/RD)

SCOPE OF WORK

Application is hereby made to: *(Describe fully & include or attach plans)* _____

☐ CBYD #

☐ Utility obtaining permits: CBYD #s to be obtained by subcontractors as appropriate as work proceeds

☐ Large project: Permit process will take more than 30 days

Name of Surety Company & Amount of Bond:

Permit to be issued to:

Name: _____

(Party to whom bond is issued)

Print Name _____ Address _____

Signed _____ Date _____ Town _____ Zip _____

Party to whom Insurance is issued: The owner of the property to whom this work is being performed agrees to accept all future responsibilities for the work specified in the permit.

Print Name _____ Phone _____

Email _____

Signed _____ Date _____