



Permit # _____

TOWN OF VERNON
Engineering Department
14 Park Place, Vernon, CT 06066
(860) 870-3664

Permit Application

Type of Permit: _____ Driveway (\$50) _____ Street Excavation / Curb Cut (\$100) _____ Sidewalk (\$100)

Location of Work: _____

Name & Address of Contractor / Utility: _____

Phone Number: _____ Call Before You Dig Number: _____

Desired Start Date: _____ Anticipated Completion Date: _____

State of CT License # _____ Expiration Date: _____

As the contractor, I agree to the following:

1. All contractors shall have a valid Town of Vernon License. No work shall commence until this permit application has been submitted with the permit fee and approved by the Town of Vernon.
2. A Call Before You Dig number shall remain valid throughout the duration of the excavation of the proposed work. Without a valid Call Before You Dig number, this permit will become null and void.
3. Every permit application shall have a sketch of the proposed work on the reverse side. The sketch shall show the house, road, driveway, property lines, well, and any other pertinent information.
4. All proposed work under this permit shall conform to the Town of Vernon ordinances, standards and specifications, which may be obtained at the Engineering Department.
5. The Engineering Department is to be notified 24 hours before any work is performed, including the permanent pavement restoration.

CONTRACTOR'S SIGNATURE: _____ TOV License # _____

TOWN OF VERNON USE ONLY

Circle one

Permit Application Date: ____/____/____

Permit Fee \$50.00 or \$100.00

Insurance Amount on File: \$ _____

Expiration Date: ____/____/____

Bond Amount on File: \$ _____

Expiration Date: ____/____/____

Permit Application Approved: _____

Date: ____/____/____

Comments: _____

Inspector's Acceptance: _____

Date: ____/____/____