

(For Office Use Only)

Application No.: _____
 Fee \$: _____
 Approval Date: _____

Town of Skowhegan Highway Department

Application for Road Opening

Date: _____

Applicant Information

Name: _____ Phone: _____

Address: _____

Proposed Work Information

Location of Excavation: _____
 (Site Address)

Purpose of Excavation: _____

Contractor Performing Work: _____ Phone: _____

Dig Safe Ticket #: _____ Proposed Starting Date: _____

Except in an Emergency, no excavation is permitted from November 1st of each year to April 15th of the following year.

Please reference the sketch or plan to this application on page 3

Impact & Fee Information			
<i>Surface Type</i>	<i>(A) Unit Cost</i>	<i>(B) Estimated Area</i>	<i>Impact Value (A)x(B)</i>
Paved Surface	\$200.00 per Sq. Yard	<i>Sq. Yard(s)</i>	\$
Curb Replacement	\$140.00 per Sq. Yard	<i>Sq. Yard(s)</i>	\$
All other materials	\$100.00 per Sq. Yard	<i>Sq. Yard(s)</i>	\$
Admin. Fee			
		<i>Total Impact Value:</i>	\$
Permit Fee (10% of Total Impact Value, OR, if the calculated Permit Fee is less than the highest minimum fee specified above for the surface type impacted, than the highest applicable minimum fee shall be used. <i>Please note: Permit Fees for non-escrow applications are nonrefundable.</i>			

Instructions for Payment

Once application is filled out and approved by the Town of Skowhegan Road Commissioner. Please take approved application to the Town of Skowhegan Municipal Building at 225 Water Street to the Clerk's Office. Please make checks payable to the Town of Skowhegan.

If you are a licensed utility, a municipality or any other governmental entity AND the TOTAL IMPACT VALUE calculated above is \$10,000 or less, please include payment in the amount of the Permit Fee with this application.

If you are NOT a licensed utility, a municipality or other governmental entity, AND the TOTAL IMPACT VALUE calculated above is \$5,000 or less, AND you will not be impacting the paved surface on the highway, please include payment in the amount of the Permit Fee with this application. If you ARE proposing to impact the paved surface of the highway, please include payment in the amount of the TOTAL IMPACT VALUE and all but 10% will be returned to you upon completion of the work.

Notice to Applicant

1. This is an application only and no excavation work is to commence until the Road Opening Permit has been approved.
2. No excavation work is to commence until DIG Safe and all underground facility operators have been duly notified at least three (3) working days prior to making any excavation in accordance with the current State of Maine statute requirements.
3. The Contractor must follow all traffic regulations in accordance with the Manual of Uniform Traffic Control Devices (MUTCD).
4. The Applicant shall be responsible for all final restoration of the affected area to the satisfaction of MaineDOT's Standard Specifications and Standard Details.
5. The Contractor must also contact the Skowhegan Highway Department for main line connection.

Statement of Agreement

I am duly authorized to execute this application and have reviewed and will comply with the above. I further agree to comply with all requirements of the Street Opening Permit and agree to pay any subsequent charges which may become due as a result of my failure to comply with any of the permit requirements.

Signature of Applicant

Date

Signature of Road Commissioner

Date

