



CONNECTICUT DEPARTMENT OF TRANSPORTATION



The Honorable Joseph F. Marie, Commissioner

PRELIMINARY APPLICATION FOR THE LOCAL BRIDGE PROGRAM

Preliminary application is hereby made by the Town/City/Borough of _____ for possible inclusion in the Local Bridge Program for the following structure:

Bridge Location: _____

Bridge Number: _____ Length of Span: _____ feet

Sufficiency Rating: _____ Priority Rating: _____

Evaluation & Rating Performed by: _____ State Forces _____ Others

If Others, Name of Professional Engineer: _____

Connecticut Professional Engineers License Number: _____

Engineering Firm: _____

Engineer's Address: _____

Engineer's E-mail Address: _____

Description of Existing Condition of Structure: *(attach description)*

Description of Project Scope: _____ *(note repair code; attach narrative/preliminary plans & specifications).*

Municipal Official to Contact *(name & title)*: _____

Mailing Address: _____

Telephone: _____ FAX: _____

E-mail: _____

Schedule: (Anticipated Dates – DD/MM/YYYY)

Public Hearing Conducted: _____

Design Completion: _____

Property Acquisition Completion: _____

Utilities Coordination Completion: _____

Construction Advertising: _____

Start of Construction: _____

Completion of Construction: _____

Preliminary Cost Figures:

Preliminary Engineering Fees (Include Breakdown of Fees)	\$ _____
Rights-of-Way Cost (If applicable)	\$ _____
Municipally Owned Utility Relocation Cost	\$ _____
Estimated Construction Costs (Include Detailed Estimate)	\$ _____
Construction Engineering (Inspection, Materials Testing)	\$ _____
Contingencies (<i>10% of Construction Costs Only</i>)	\$ _____
Total Estimated Project Cost	\$ _____

Financial Aid Data:

Federal Reimbursement:

Total Estimated Project Cost multiplied by 80%:

Federal Aid Request \$ _____

I hereby certify that the above is accurate and true, to the best of my knowledge and belief. I also certify that this form has not been modified in any way from that distributed by the Department of Transportation.

Signature: _____
(Chief Elected Official, Town Manager, or other Officer Duly Authorized)

Date: _____

Return completed applications to: Mr. Stanley C. Juber
Administrator of the Local Bridge Program
Connecticut Department of Transportation
2800 Berlin Turnpike, P.O. Box 317546
Newington, Connecticut 06131-7546