Date:	PMT-1 Rev.5/91 State of Connecticut	Application form must be filled in completely and mailed or delivered to:	
Fee: (for DOT use) #	Department of Transportation APPLICATION FOR PERMIT	Department of Transportation	
\$ Rec'd:	Printed on Recycled or Recovered Paper	171 Salem Turnpike Norwich, Connecticut 06360	
LOCATION OF PROPOSED WORK:			
(a) Town:(b)	Route: (c) Street Name & No	0.:	
(d) (Circle One) N. E. S. W. Side of High	iway (e) Located Between Utility Pole	es No &	
(f) Distance and direction from nearest in	tersecting road Miles (N	N. E. S. W.) of (St/Rd)	
Application is hereby made to (describe for	ally and include sketch or attach plans)	:	
	•		
	·		
PERMIT FEE can be paid only	by check or money order payable to:	Treasurer – State of Connecticut	
Name of Surety Company & Amount of B	ond: Permit to be Issued	nd: Permit to be Issued to:	
	Name:	- A	
Party to Whom Bond is Issued:			
Print Name:	Address:		
Signed: Phone	: City/State:	Zip:	
		property for whom this work is being	
Party to Whom Insurance is Issued:	performed agrees to accept all maintenance responsibility for the work specified in the permit prior to the acceptance		
Print Name:		of Transportation.	
Signed: Phone:	Print Owner's Nam	ne:	
	Address:		
·	riddiess.		
Approximate Time Required: Desired Starting Date:	City/State:	Zip:	

Complete plans and specifications must be submitted for major Encroachment permits. On other work, a careful sketch shall be shown in the space above or on the back side of the application.