



TOWN OF CLINTON

Road Opening Permit

This box for office use only.

Permit fee: _____	Date issued: _____
Permit Number: _____	Receipt number: _____

Proposed Work Information

Road / Location _____
Work to be done _____
Contractor _____ Phone _____
Contractor address _____
Anticipated start date _____ Completion date _____
Have all utilities been contacted? _____ Yes _____ NO _____ Dig safe # _____
GPS coordinates: Latitude _____ Longitude _____

Impact Fee Information

Type of Surface	Unit Cost	Estimated Area	Permit Fee
Paved Surface	\$80.00 /sq. yd.	_____ sq. yds.	\$ _____
Gravel Surface	\$15.00 /sq. yd.	_____ sq. yds.	\$ _____
Curb Replacement	\$25.00 / lin. ft.	_____ lin. ft.	\$ _____
Administrative Cost	\$100.00 minimum fee		\$ _____
		Total Permit Fee	\$ _____

NOTICE: Failure to obtain a permit prior to starting work or failure to call for inspections will result in a double fee and may result in a \$100.00 per day for each day the violation continues.

Signed by Applicant: _____ Date: _____
 Print Name: _____ Phone: _____

Approved ____ Denied ____ Signature: _____ Date: _____
 Reason for Denial : _____