



TOWN OF HARRISON

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www.harrisonmaine.org

DRIVEWAY OPENING/EXCAVATION PERMIT

1. NAME OF APPLICANT DOING WORK	2. ADDRESS
3. WORK PHONE	4. HOME PHONE
5. NAME OF PROPERTY OWNER (IF DIFFERENT THAN APPLICANT)	6. MAP _____ LOT _____ LOCATION OF LAND
7. ADDRESS OF PROPERTY OWNER	8. PROPOSED STARTING DATE _____ PROPOSED ENDING DATE _____

10. APPLICANT HAS NOTIFIED THE FOLLOWING:

	PERSON NOTIFIED	DATE
PUBLIC WORKS:	_____	_____
M.D.O.T.:	_____	_____
OTHER:	_____	_____

THE APPLICANT SHALL SHOW AN 8 1/2" X 11" SKETCH MARKED "EXHIBIT A" TRENCH LOCATIONS, TRENCH WIDTHS, TRENCH DEPTHS, EXISTING UTILITIES, PROPOSED LOCTION OF BARRICADES, WARNING SIGNS, AND DETOUR ROUTES. THE FOLLOWING SYMBOLS SHALL BE USED. ONE (1) COPY SHALL BE PRESENTED WITH THE APPLICATIONS.

DETOUR SIGN=====→	WARNING CONSTRUCTION AHEAD W
DETOUR ROUTE --- -->	BARRICADE-----B-----
TRENCH-----	TRAFFIC DIRECTING PERSONNEL P
BLINKER LOCATION B	

NOTE: If any street is to be blocked off the applicant must notify the Cumberland County Sheriff, Fire Department and Public Works prior to closing the street.

COMPLETION REQUIREMENTS

1. SAND TO BE USED DIRECTLY AROUND PIPE WORK
2. MINIMUM OF 18" OF GOOD GRAVEL
3. HOT TOP ROAD, REPLACE WITH HOT TOP
4. OIL SURFACE, REPLACE WITH COLD PATCH
5. GRAVEL ROAD, REPLACE WITH GOOD GRAVEL

NOTE: UPON COMPLETION THE PUBLIC WORKS DEPARTMENT SHALL BE NOTIFIED IMMEDIATELY. THE CONTRACTOR IS LIABLE FROM START TO FINISH AND IS ALSO LIABLE TO MAINTAIN PATCH ON JOB LEVEL WITH ROAD SURFACE FOR 6 MONTHS.

DATE: _____ APPLICANT'S SIGNATURE: _____