

Fee: \$50.00 Amount Paid:
Date:

## **Town of Castleton**

## HIGHWAY DEPARTMENT (802) 468-2459

## Application To Work In Town Right-of-Way (24 VSA 2291(6))

Applicant:	Phone:
Mailing Address:	ZIP:
Property Owner:	Phone:
Mailing Address:  ***NOTE: D	ZIP:  DIG SAFE must be notified prior to work
Project Description:	
Tax Map #	Road Name
Project Address:	
Nearest Intersection:	Distance & Direction:
<b>Description of Project (Attack</b>	h drawing(s) and location map):
(Note: Site must be flagged be The applicant certifies that he the applicant) of the property the directions, restrictions, an	e right-of-way been flagged? (Yes) (No) fore application will be considered.) e or she is acting on behalf of the owner (if other than described above and that the applicant will adhere to d conditions forming part of the permit, if issued. eriod of two (2) years from the Approval Date
Applicant	Date
DI DIIHIT	



## **Notice of Approval**

<u>Approval to Proceed</u>: Upon receipt of this Notice, the applicant shown on the face of this form is authorized to proceed with the described project in accord with the conditions, specifications and restrictions described below and any attachments made hereto.

Approval covers only the work described in the application and must be performed as directed.

ighway Foreman	Approval Date
pproved by:	
9, Section 1111 of the Vermont Statutes rarisdiction of the Town of Castleton. The oplicant from any requirements of law incipolations are subject to the penalties set for sulting from an activity authorized by this	orth in law. Any damage to Town Highways is Notice of Approval is the sole responsibility tle 19, Section 1108, V.S.A. Repairs must

This approval is valid for a period of two (2) years from the Approval Date.