

TOWN OF CAROLINE HIGHWAY WORK PERMIT

PERMIT NO.: _____ DATE OF ISSUE: _____

APPLICANT/PERMITTEE: _____ EXPECTED DURATION: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

GENERAL CONTRACTOR: _____ PHONE NUMBER: _____

ADDRESS: _____

SUB CONTRACTOR: _____ PHONE NUMBER: _____

ADDRESS: _____

WORK LOCATION: _____

COUNTY ROAD: _____ BRIDGE BIN#: _____

CERTIFICATE OF INSURANCE REQUIRED FROM:

PERMITTEE: _____ GENERAL CONTRACTOR: _____ SUB CONTRACTOR: _____

WORK DESCRIPTION: _____

_____ as per sketch or print attached.

By signing below, the Applicant certifies that the (Responsibility of Permittee Working within the Town of Caroline Right-of Way) guidelines have been reviewed and fully understood, and all work performed under this permit will be governed by the requirements, guidelines, and recommendations of Part 6 of the Federal Manual of Uniform Traffic Devices (MUTCD), and New York State Supplements.

Applicant/Permittee

Highway Superintendent or Designee

Date

Date