

# 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