Town of Winslow Department of Public Works
Highway Opening Application

207-872-1972

Applicant Information:
Name: Company Name: Date:
Address: Town/State/Zip Pager/Cell:
Certificate of Liability on file:
Yes □ No □

Property Owner Information:
Name: Phone #
Address:

Proposed Work Information: Highway Number (if known)
Dig Safe Number: Road/Street Name:
Town:
Type of Work Proposed: | * *Please attach a sketch plan**
Who will Perform Work:
Anticipated Work Schedule: Starting Date: Completion Date:

If this work is for a utility, has an application for a *Utility Location Permit* been submitted to the Department? Yes ☐ No ☐ N/A ☐

Existing Utilities (List all utilities in the work area, indicate whether or not they have been notified of the proposed work)

Utility Name	Underground	Above Ground	Notified? Y/N
Winslow Public Works Dept.			
Kennebec Water District			

Impact & Fee Information:

Surface Type:	*(A) Unit Cost:*	*(B) Estimated Area*	*Impact Value (A)x(B)*
Paved Surface: Bituminous Concrete or treated surface/shoulders *(Min. fee $50, see below)*	**$50.00 per Sq. Yard**	*Sq. Yard(s)*	$
Concrete Surface: Portland Cement Concrete or Bituminous on concrete. *(Min. fee $75, see below)*	**$75.00 per Sq. Yard**	*Sq. Yard(s)*	$
All Other Surfaces: Plain gravel surface or shoulder or area outside roadbed. *(Min. fee $25, see below)*	**$5.00 per Sq. Yard**	*Sq. Yard(s)*	$
Direct Buried Cable: (Low-impact installation of cable outside of the traveled way/shoulder)	**$0.20 per Lineal Foot**	*Lineal Feet*	$
Other Work in addition to replacing pavement (Specify)			$
		Total Impact Value (Sum of all Impact Values)	$
Permit Fee ($75.00 plus Total Impact Value)			$

Instructions for Payment: STREET

If you are a licensed utility, municipality or any other governmental entity, AND the TOTAL IMPACT VALUE calculated above is $2,500 or less, please include payment in the amount of the Permit Fee $75.00 plus 10% of Total Impact Value with this application.

If you are NOT a licensed utility, a municipality or any other governmental entity, please include payment in the amount of $75.00 and the TOTAL IMPACT VALUE. All but the $75.00 and 10% of the Total Impact Value will be returned to you upon satisfactory completion of work.

NOTICE TO APPLICANT: the Applicant is hereby notified that, upon approval of this application, all work shall comply with the following requirements, as applicable: (1) all conditions specified in the Highway Opening Permit; (2) the Department's Highway Opening Rules, Regulations and Policies; (3) the Department's Utility Accommodation Rule (17-229 CMR 210); (4) all conditions of a Utility Location Permit issued pursuant to 17-229 CMR 210; and (5) local ordinances and federal and state laws. In the event of a conflict between any applicable requirements, the more stringent requirement shall govern unless otherwise directed by the Department. Specific attention is directed to the following requirements: (1) Work zone traffic control standards as defined by the Manual on Uniform Traffic Control Devices (MUTCD); (2) Occupational Safety & Health Administration (OSHA) trenching and excavation standards; and (3) 23 MRSA Section 3360-A, Protection of Underground Facilities (a.k.a. "The Dig Safe® Law") which requires notification to various entities at least three working days prior to making any excavation. Additional information may be found at: http://mutcd.fhwa.dot.gov, http://www.osha.gov/SLTC/trenchingexcavation/, and www.digsafe.com respectively. **The application further agrees that, upon approval and issuance of a permit, the Department will be notified at least 48 hours in advance of the start of any work.** The applicant shall be responsible for all final restoration of the affected area to the satisfaction of the Winslow Public Works Department.

Approved_____ Date_____ Signature_____ Date_____
Paul Fongemie-Public Works Director Owner or Contractor

Surface Paving Completed Date:_____ 12 Month Inspection: Satisfactory?_____
If no, date contacted permittee?_____ Work Completed?_____
If no, date contacted Owner of Record_____ Work Completed?_____
Final Approval Date: Supervisor Signature: