



ENTRANCE & EXCAVATION PERMIT APPLICATION

TOWN OF CASTINE

P.O. Box 204 • 67 COURT STREET • CASTINE ME 04421
PHONE (207) 326-4502 • FAX (207) 326-9465-9465 • EMAIL: shawn@castine.me.us

Town Use Only
RECEIVED
By _____
Date _____

NOTE: This application is to construct an entrance onto a Town street or to excavate within a Town right-of-way pursuant to the *Castine Town Way Entrances & Excavation Ordinance*. The fee is a \$100 administration fee plus an inspection fee. Except for emergency repairs, all work will be performed during normal business hours and be inspected by the Town. The property owner is responsible for providing the Public Works Department a three (3) business day notice before beginning any work within a Town right-of-way. The property owner, by submission of this application, acknowledges this notice.

- **APPLICANT**

NAME: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____ PHONE: _____
EMAIL: _____

- **CONTRACTOR**

NAME: _____ PHONE: _____
EMAIL: _____

- **EXCAVATION (CHECK (✓) IF APPLICABLE)**

☐ I REQUEST A PERMIT TO OPEN/EXCAVATE _____ STREET/ROAD FOR THE PURPOSE OF _____.

- **ENTRANCE (CHECK (✓) IF APPLICABLE)**

☐ I REQUEST A PERMIT TO CONSTRUCT _____ (#) ENTRANCE(S) ON THE ☐ NORTH, ☐ SOUTH, ☐ EAST,
☐ WEST SIDE OF _____ STREET/ROAD IN CASTINE FOR THE PURPOSE OF _____.

THE PROPOSED ENTRANCE ☐ WILL OR ☐ WILL NOT REQUIRE A CULVERT.

THE PROPOSED WIDTH OF THE ENTRANCE IS _____ FEET.

- **PROPOSED DATES** START DATE _____ COMPLETION DATE _____

- **DIG SAFE** HAVE YOU NOTIFIED "DIG SAFE" (1-888-344-7233) TO HAVE EXISTING UNDERGROUND UTILITIES IN THE AREA OF YOUR WORK LOCATED? ☐ YES ☐ NO

- **CERTIFICATION AND ACKNOWLEDGEMENT**

WE CERTIFY THAT WE ARE FAMILIAR WITH THE FOLLOWING DOCUMENTS WHICH ARE AVAILABLE AT THE TOWN OFFICE: 1) *CASTINE TOWN WAY ENTRANCES & EXCAVATION ORDINANCE*; 2) MAINE DIG SAFE LAW; 3) OSHA REGULATIONS FOR EXCAVATION.

WE ACKNOWLEDGE THAT IF ANY WORK DONE PURSUANT TO THIS PERMIT IS IMPROPERLY DONE, THE TOWN MANAGER OR HIS REPRESENTATIVE SHALL CAUSE SAID WORK TO BE REMOVED AND REDONE CORRECTLY. IF THE PERMITTEE DOES NOT CORRECT THE IMPROPER WORK AS DIRECTED, THE TOWN SHALL CORRECT SAID WORK AND WILL KEEP AN ACCOUNT OF THE EXPENSE THEREOF. THE PERMITTEE IN DEFAULT SHALL PAY TO THE TOWN ALL EXPENSES INCURRED ON HIS BEHALF PLUS AN ADDITIONAL FIFTY PERCENT ADDED AS LIQUIDATED DAMAGE FOR HIS DEFAULT. NO FURTHER PERMITS SHALL BE ISSUED TO THE PERMITTEE UNTIL SUCH SUM IS PAID IN FULL.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CONTRACTOR

DATE

