

TOWN OF BRANDON
49 CENTER STREET
BRANDON, VERMONT 05733
(802) 247-3635

APPLICATION FOR EXCAVATION PERMIT

Application # _____

Applicant	Day Phone #
Mailing Address	Home Phone #
Property Owner (if different than applicant)	Day Phone #
Mailing Address	Home Phone #
Contractor	Day Phone #
Mailing Address	Emergency Phone #
Location of Proposed Excavation (Road Name and/or Site Description)	Property Tax Map #

Please Note: Sketch drawing and location map *must be attached* to show the approximate location of the excavation site. You may use a copy of the tax map. All utilities *must be notified* prior to excavation.

Purpose of Proposed Excavation _____

Proposed Date of Excavation _____ Alternate Excavation Date _____

Number of Excavations _____ Surface is () Paved () Gravel

Approximately _____ feet by _____ feet of road surface to be excavated

Approximately _____ feet by _____ feet of sidewalk to be excavated

The applicant and property owner agree to adhere to the conditions, specifications and restrictions forming part of this permit, if issued and to maintain the excavation until such time as it is repaved.

Applicant's Signature _____ Date _____

Owner's Signature _____ Date _____

Office Use: Fee Rec'd _____ Deposit Rec'd _____ Ck # _____ Rec'd By _____ Date _____