

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 _____