

Town Of Darmstadt

559 Hoing Road

Darmstadt Indiana, 47725

(812) 867-1413

**Street or Right-of-way**

**Excavation/use**

**Permit Application**

I/We, the undersigned applicant (s), request permission to make one or multiple cuts into or perform other construction or utility activity within in a street pavement or road right-of-way located within the corporate limits of the Town of Darmstadt.

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street Town State Zip

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Number

Name of Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street Town State Zip

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Number

Nature of and reason for Construction Activity:

Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Direction Street

Anticipated Start Date of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maintenance of traffic through and around work site location must conform to INDOT Standards.

Name of Supervisor who will certify work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Bonding And Insurance**

Bonding Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent name and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTICE TO ALL APPICANTS/CONTRACTORS:

If this application to cut into or perform other construction activity within the road right-or-way, road surface, road bed, or other surface in any street, alley, avenue or public ground is granted:

I/WE HEREBY AGREE to backfill the trench of such opening in accordance with the applicable Town of Darmstadt Standers. I/WE hereby Further agree to thoroughly compact the backfill in layers not exceeding six (6) inches in depth, and to replace pavement or surface in the manner required by the Town of Darmstadt standards. Drainage ditches and swales will be restored to their original condition. Any sod that is removed will be replaced to the satisfaction of the town of Darmstadt.

I/WE HEREBY AGREE to erect and maintain all necessary barricades, detour signs and warning lights or provide flaggers as required to safely direct traffic over and around the part or the road where the above-described work is to be done if the work in any way interferes or could interfere with traffic. The permit holder is responsible for the safety of all vehicles, and the work force in, surrounding and/or moving through the work site in the public right-of-way.

I/WE HEREBY AGREE to move or remove any structures installed under this permit, at the applicant’s own expense, should future traffic conditions or road improvements necessitate or when requested to do so by the Town of Darmstadt.

I/WE HEREBY AGREE to assume all responsibility for any injury or damage to persons or property resulting directly or indirectly from the work contemplated and/or completed pursuant to this application.

I/WE HEREBY AGREE that such work will not interfere with existing structures or their use.

I/WE HEREBY AGREE to stop such work at any time upon request of the Town of Darmstadt.

I/WE HEREBY AGREE to Maintain such replaced excavation or cut for the period of one (1) year after traffic is permitted to pass over the properly filled trench.

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PERMIT FEE IS **$100.00.** Please make checks payable to DARMSTADT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature

Town of Darmstadt

Duration

This permit shall be valid for a period of sixty (60) days from the date of approval by the Town of Darmstadt.

**This form must be completed before a permit will be issued.**

**Original copy must be submitted to the Office of Clerk-Treasurer with remittance.**

**Please send remittance to:**

**Town of Darmstadt**

**Attention Clerk-Treasurer**

**P.O. Box 20**

**Darmstadt, In. 47618**

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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