Maine Department of Transportation Highway Opening Application

Applicant Information:		Date:							
Name:		Phone:			Pager/Cell:				
Address:	Town			Sta		ZIP:			
Primary Contact Inforn	nation: (Write "SAME"	' if the prin	nary contact fo	r on-site work will be the Ap	plicant)				
Name:				Phone:		Pager/Cell:			
Address:			Town:		State:	ZIP:			
Proposed Work Informa	ation:			Highway Nun	nber (if kn	own):			
Town:				Road Name:					
Type of Work Propose	d:	*Please attach a sketch plan*							
Who will perform the v	work?					ı			
Anticipated work schedule: Starting Date: Completion Date:									
If this work is for a utility, h	as an application for a	a <i>Utility Location Permit</i> been submitted?			Ye	s No	N/A		
Is this work intended to be p	performed under the F	unding A				es No	N/A		
Have all existing utilities in	the work area been no	otified of	the propose	ed work and given an o	pportunity	to comment?	Yes	No	
				C	11 ,				
GPS Coordinates of W	ork Location: (Pleas	e enter o	coordinates	s in Decimal Degrees	s, WGS 19	984)			
		Latitude (ex: 44.307419)]	
Starting		`							
Ending								•	
	Litting	, i Oiiit.						<u> </u>	
Impact & Fee Informati									
Surface Ty				(B) Estimated A	rea	Impact Value (A)x(B)			
Paved Surface: Bituminous Concrete or treated surface/shoulders (Min. fee \$50, see below)		\$50.00 per Sq. Yard		Sq. Yara	d(s)	\$			
Concrete Surface: Portland Cement Concrete or		\$75 per		G V	1()	Φ.			
Bituminous on concrete. (Min.	fee \$75, see below)	Sq. Yard		Sq. Yara	Sq. Yard(s)		\$		
All Other Surfaces: Plain gravel surface or shoulder		\$5.00 per Sq. Yard		Sq. Yara	Sq. Yard(s)		\$		
or area outside roadbed. (Min. fee \$25, see below) Direct Buried Cable: (Low-impact installation of		\$0.20 per		-					
cable outside of the traveled way/shoulder)		Lineal Foot		Lineal F	Teet	\$			
Other Work in addition to replacing pavement						\$			
(Specify)	(Specify)		Total Impact Value (Sum of all Imp		437.1				
Downit Foo (100/ of Total I	act Volue OD if the1				-	\$			
Permit Fee (10% of Total Impact Value, OR, if the call specified above for the surface type impacted, than the						\$			
(Example: if you impact a pave									
				for Payment:	·				
If you are a licensed utility, a							ve is \$5,000 or	r less,	
please include payment in the a	imount of the Permit Fee	e with this	s application,	made out to <i>Ireasurer</i> , S	state oj Mai	ne.			

VALUE and all but 10% will be returned to you upon satisfactory completion of the work.

If the TOTAL IMPACT VALUE exceeds \$5,000 for licensed utilities, municipalities or other governmental entities, OR \$2,500 for all other applicants, a SPECIAL OPENING PERMIT as described in section II E of the Rules, Regulations and Policies shall also apply. In this circumstance, an escrow account

If you are NOT a licensed utility, a municipality or any other governmental entity, AND the TOTAL IMPACT VALUE calculated above is \$2,500 or less, AND you will <u>not</u> be impacting the paved or concrete surface of the highway, please include payment in the amount of the Permit Fee with this application. If you ARE proposing to impact the paved or concrete surface of the highway, please include payment in the amount of the TOTAL IMPACT

will be established and there is no direct payment submitted with this application.

Do you request refund of the entire permit fee contingent on a full width overlay per Section II, A. of the Special Opening Permits?

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://www.osha.gov/SLTC/trenchingexcavation/, and www.digsafe.com/ respectively. The applicant 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 Department of Transportation.

Applicant's Signature:	Data	**
Applicant's Signature:	Date:	Version 072

Highway Opening Application Sketch Plan

licant Name:			Town:			
The purpose of this of intended to be drawn thances from one of the lin	o scale, however, yo	u must accurate	ely reference the	propos	sed facility and ex-	cavation with off
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i		Ed	ş			
Right-of-Way Line	Edge of Shoulder	Edge of Travel Way (ETW)	Edge of Travel Way (ETW)	Edge of Shoulder	Indicate NORTH	
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