## Maine Department of Transportation Highway Opening Application

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Applicant Information:			Date:						
Name:			Phone:			Pager/Cell:			
Address:			Town:			ZIP:	ZIP:		
Primary Contact Inform	nation: (Write "SAME" ij	f the prim	ary contact f	or on-site work will be the App	olicant)				
Name:	,	1		Phone:	,	Pager/Cell:			
Address:			Town:		State:	ZIP:			
Proposed Work Informa	ntion:			Highway Num	ber (if kno	wn):			
Town:			Road Name:						
Type of Work Proposed:			**				** Please attach a Location Map and Sketch Plan of the work area. **		
Who will perform the w	vork?					,			
Anticipated work sched		e:		Comp	letion Date	:			
If this work is for a utility, has an application for a U					No	N/A			
Is this work intended to be performed under the Fund					Yes		N/A		
-			•	-				NT.	
Have all existing utilities in t	the work area been not	iiiea oi	tne propos	ed work and given an of	oportunity i	to comment?	Yes	No	
GPS Coordinates of Wo	ouls I agatians (Dlagge	antan a	aardinata	g in Dogimal Dograag	WCS 10	94)			
GPS Coordinates of we	ork Location: (Flease	enter c					0.7775(12)	i	
_			Latitude (ex: 44.3074199)		Lo	ongitude (ex: -69	9.///5613)	i	
Starting P Ending P		Point:					i		
		Point:						i	
Impact & Fee Information				(D) E : 1.1.1		<u> </u>	(A) (B)		
Surface Ty Paved Surface: Bituminous Co		(A) Unit Cost: \$75.00 per Sq. Yard		(B) Estimated Are	rea	Impact Value (A)x(B)  \$			
surface/shoulders (Min. fee \$75				Sq. Yard(	s)				
Concrete Surface: Portland Co		\$100.00 per		~					
Bituminous over concrete. (Min		Sq. Yard		Sq. Yard(	s)	\$			
			.00 per			\$			
			. Yard	Sq. Tara(	S)	φ			
Other Work in addition to replace	cing pavement					\$			
(Specify)			3 / 17	4 X 1	. 7.7.1				
Total Impact Value (Sum of all Impact Values)  Permit Fee (10% of Total Impact Value, OR, if the calculated Permit Fee is less than the highest minimum fee						\$			
				_	num fee				
specified above for the surface t	type impacted, than the hi	ghest ar	plicable mi	nimum tee shall be used.		¢.			

## Instructions for Payment:

\$

If you are a licensed utility, a municipality or any other governmental entity AND the TOTAL IMPACT VALUE calculated above is \$5,000 or less, please include payment in the amount of the Permit Fee with this application, made out to *Treasurer*, *State of Maine*.

If you are NOT a licensed utility, a municipality or other governmental entity, AND the TOTAL IMPACT VALUE calculated above is \$2,500 or less, AND you will not 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 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 6.2.A.(6) of MaineDOT's Utility Accommodation Rule (17-229 CMR 210) shall also apply. In this circumstance, an escrow account will be established and there is no direct payment submitted with this application.

Do you request a refund of the entire permit fee contingent on a full width overlay per 17-229 CMR 210 Section 6.7.G?

(Example: if you impact a paved and a non-paved surface, the applicable minimum fee is \$75).

Please Note: Permit Fees for non-escrow applications are nonrefundable.

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) MaineDOT's Standard Specifications and Standard Details; (3) MaineDOT's Utility Accommodation Rules (17-229 CMR 210); (4) all conditions of an associated Utility Location Permit issued by MaineDOT; and (5) all applicable local ordinances and federal and state laws. In the event of a conflict between any 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 at least three working days prior to making any excavation. Additional information may be found at: <a href="http://mutcd.fhwa.dot.gov">http://mutcd.fhwa.dot.gov</a>, <a href="http://www.osha.gov/SLTC/trenchingexcavation/">http://www.osha.gov/SLTC/trenchingexcavation/</a>, and <a href="http://www.digsafe.com">www.digsafe.com</a> respectively. The Applicant shall be responsible for all final restoration of the affected area to the satisfaction of MaineDOT.

The MaineDOT Region Office shall be notified at least 48 HOURS prior to the actual start of work.

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Applicant's Signature:	Date:	Version 0124

## **Highway Opening Application Sketch Plan**

licant Name:			Town:			
The purpose of this of intended to be drawn ances from one of the lin	"Sketch Plan" is to s to scale, however, you ses on the road. In ac	u must accurate	ely reference the	e propose	ed facility and exc	avation with offs
İ	Shldr	Travel	Travel	Shldr		
		Lane	Lane			
į		Edg	Į į			
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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