

**TOWN OF OLD LYME**  
**APPLICATION FOR PERMIT**

DATE: \_\_\_\_\_ FEE: *(for Town use)* \_\_\_\_\_

Application form must be filled in completely and mailed or delivered to the Office of the First Selectman, Town of Old Lyme, 52 Lyme Street, Old Lyme, CT 06371

**LOCATION OF WORK:**

(a) Street: \_\_\_\_\_

(b) *(circle one)* North South East West side of the street.

(c) Distance and direction from intersecting road \_\_\_\_\_ miles (North, South, East, West) of Street/Road \_\_\_\_\_

(d) Located between utility poles number \_\_\_\_\_ and number \_\_\_\_\_

APPLICATION IS HEREBY MADE TO: *(Describe full and include sketch. Use back for additional space).*

- Certificate of Insurance for General Liability must be issued to the Town of Old Lyme.
- Permit Fee Checks made payable to: "The Town of Old Lyme"

PERMIT TO BE ISSUED TO: *(Name and address)* \_\_\_\_\_

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THE OWNER OF THE PROPERTY FOR WHOM THIS WORK IS BEING PERFORMED AGREES TO ACCEPT ALL FUTURE MAINTENANCE RESPONSIBILITY FOR THE WORK SPECIFIED IN THE PERMIT.

OWNERS NAME AND ADDRESS: *(Print)* \_\_\_\_\_

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SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_