

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)* _____

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)* _____

SIGNED: _____

DATE: _____