

Date: \_\_\_\_\_  
Fee: (For DOT use): \_\_\_\_\_

PMT-1 Rev. 05/91  
State of Connecticut  
Department of Transportation

Application form must be filled in completely  
and mailed or delivered to the  
Bureau of Highways District Office

## APPLICATION FOR PERMIT

### Location of proposed work:

(a) Town: **Old Lyme** (b) Route: **Route 1** (c) Street Name & Number: **Halls Road across from the Post Office**  
(d) (Circle One) N, S, E, W, side of Highway (e) Located Between Utility Poles No. \_\_\_\_\_ & No. \_\_\_\_\_  
(f) Distance and direction from nearest intersecting road. **Lyme Street** Miles (N, S, E, W) of \_\_\_\_\_ Street/Road

Application is hereby made to: (Describe fully and include sketch or attach plans) **Hang A Banner across Halls Road. Banner Specifications: Four (4) feet high, Twenty-five (25) feet long. Fabric: 18 ounce high grade nylon with nylon webbing in the hems and reinforced stitching in the four corners of the banner. "Dog" snap hooks and grommets must be positioned at four foot intervals along the top and bottom. It is recommended that reusable banners have five inch diameter "wind windows" with or without perimeter stitching to prolong the life of the banner.**

APPLICATION APPROVAL WILL NOT BECOME EFFECTIVE UNTIL ALL NECESSARY LOCAL AND STATE LICENSES AND PERMITS ARE OBTAINED BY THE PERMITTEE OR HIS AGENT, AND FURTHER, THE PERMITTEE SHALL BE SUBJECT TO ALL FEDERAL, STATE AND LOCAL REGULATIONS.

### Banner to Read:

State of Connecticut  
Department of Transportation  
Bureau of Engineering and Highway Operations  
171 Salem Turnpike, P.O. Box 1007  
Norwich, CT 06360-1007

**PERMIT FEE can be paid only by check or money order payable to Treasurer – State of Connecticut**

**Name of Surety Company and amount of Bond:**  
\_\_\_\_\_

**Permit to be issued to:**

Name & Organization: \_\_\_\_\_

**Party to whom Bond is issued:**

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

Print Name: \_\_\_\_\_  
Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

Town: **Old Lyme, Connecticut** Zip: **06371**

**Party to whom Insurance is issued:**

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 prior to the acceptance by the DOT.

Print Name: \_\_\_\_\_  
Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Owner's Name: **TOWN OF OLD LYME**

**Approximate Time Required:** Starting Date: \_\_\_\_\_

Address: **52 Lyme St, P.O. Box 160, Old Lyme, CT 06371**

Signed: \_\_\_\_\_ Phone: **(860) 434-1605**

Title: \_\_\_\_\_

**Complete Plans and Specifications must be submitted for major encroachment permits. On other work, a careful sketch shall be shown in space above or on backside of this application.**