



TOWN OF NEW DURHAM
RIGHT-OF-WAY PERMIT APPLICATION - COMMERCIAL USE



NAME: _____

COMPANY _____

PURPOSE OF PERMIT: EXCAVATION _____ UTILITY _____ OVER HEIGHT _____
OVER WIDTH _____ OVER WEIGHT _____ PERMISSION TO DIG _____

RUNNING ON POSTED ROADS _____ OTHER _____

MAP _____ LOT _____

ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

LOCATION & ROAD(S) TO BE USED _____

START DATE _____ FINISH DATE _____

DATE

SIGNATURE OF APPLICANT

THIS PERMIT HAS BEEN APPROVED _____ /DENIED _____

COMMENTS / RESTRICTIONS

PERMIT WILL EXPIRE ON: _____

DATE

ROAD AGENT