OBSTRUCTION PERMIT APPLICATION

CITY OF STAMFORD
OFFICE OF OPERATIONS
ENGINEERING BUREAU

FOR LANE OR SIDEWALK RELATED ACTIVITY

Telephone No. 203-977-4180 Fax No. 203-977-4137

DATE: _____

PERMIT FEE: $200.00
ADDITIONAL FEES MAY APPLY
REFER TO FEE STRUCTURE SHEET

METHOD OF PAYMENT: (SELECT ONE) **CHECK or CASH** **CHECK #** _____

APPLICANT'S NAME: _____

ADDRESS: _____

_____

TELEPHONE No.: _____ **OFFICE / CELL No.:** _____

FAX No.: _____ **E-MAIL:** _____

LOCATION OF ACTIVITY:

_____

_____

DESCRIPTION OF ACTIVITY: (attach sketch – including "north" arrow and nearest intersecting road) :

_____

_____

_____

_____

_____

_____

ESTIMATED ACTIVITY PERIOD:_____**DAYS** (28 Days Maximum) **START DATE:**_____

THE CITY ENGINEER REQUIRES A VALID CERTIFICATE OF INSURANCE WHEN APPLYING FOR THIS PERMIT:

CERTIFICATE OF INSURANCE POLICY NUMBER **EXPIRATION DATE**

_____ _____

PRINT NAME: _____

APPLICANT'S SIGNATURE: _____ **TITLE:** _____