

APPLICATION FOR ROAD/DRIVEWAY OPENING ON TOWN HIGHWAYS

TOWN OF CHESTER, NEW YORK

77 Laroe Rd., Chester, NY 10918

Phone: (845) 469-4101

Fax: (845) 469-7591

RESTORATION

Processing fee: _____

Bond fee: \$1,000.00

One ~~Two~~ checks are required. Both made payable to: Town of Chester.

Date: _____

Name: _____

Mailing Address: _____

Phone number: (_____) _____ - _____

Worksite Address: (if different from above) _____

The above stated applicant hereby requests to the Town Superintendent of Highways, Town of Chester, N.Y. for a permit to open a town road at the worksite address listed for the following purposes:

I do hereby agree to provisions of the rules and regulations of the "Ordinance Governing Excavations in Town Streets and Highways" as adopted by the Town Board, Town of Chester.

Applicant's signature

FOR HIGHWAY DEPARTMENT USE

Processing fee: _____ Paid: _____

Bond fee: _____ Paid: _____

Special requirements/instructions: _____

Date issued: _____ Signed: _____

Town of Chester Highway Superintendent

Date of completion inspection: _____

Inspection approved/release bond:

Signed: _____

Town of Chester Highway Superintendent