



Town of Shelburne, Vermont

CHARTERED 1763

P.O. BOX 88 5420 SHELBURNE ROAD SHELBURNE, VT 05482

Clerk/Treasurer
(802) 985-5116

Town Manager
(802) 985-5111

Zoning & Planning
(802) 985-5118

Assessor
(802) 985-5115

Recreation
(802) 985-5110

FAX Number
(802) 985-9550

ROAD PAVEMENT EXCAVATION/ROAD RIGHT-OF-WAY EXCAVATION PERMIT APPLICATION

PERMIT NUMBER: _____

1. **SHELBURNE DEVELOPMENT SPECIFICATIONS, SECTION 2.17, ROAD CUTS.** This application is to excavate within a Town road right-of-way. The permit serves as notice to the Town of the date, size, location, and purpose of the excavation. The permit is not intended as a means of regulating excavation safety or of notifying utility companies of your excavation.

____ **ROAD PAVEMENT EXCAVATION.** Excavation of a paved road surface.

FEE. _____ x \$10 = \$ _____
(Excavation Area in Square Feet) (Road Pavement Excavation Fee)

____ **ROAD RIGHT OF WAY EXCAVATION.** Excavation of an unpaved surface (*greenbelt, sidewalk, etc.*)

FEE. \$500 + \$250 = \$750* **(Double this fee if excavating on both sides of road)*
(Excavation Fee) (Deposit) (Road Right of Way Excavation Fee)

2. **EXCAVATION DATES** **(Minimum 2 day review time required to process application):*

Excavation work to begin*: _____ Excavation work to be completed: _____
(Month) (Day) (Year) (Month) (Day) (Year)

3. **APPLICANT INFORMATION:**

Applicant: _____

Business Name: _____

Address: _____

Telephone No.: _____ Email: _____

Signature: _____

4. **EXCAVATION DESCRIPTION:**

a. **Sketch:** *(Provide a sketch of the excavation area including the excavation dimensions and area)*

b. **Location:** *(Provide the street address or other description of the excavation location)*

c. **Purpose:** *(Briefly explain the need to excavate)* _____ **Public** _____ **Private** _____

d. **Dig Safe Ticket Number:** _____

