



**PERMIT APPLICATION**  
**RIGHT-OF-WAY ENCROACHMENT and/or ROAD OPENING PERMIT**  
**TOWN OF STOWE**  
**PUBLIC WORKS DEPARTMENT (PWD)**  
**PO Box 730**  
**Stowe VT 05672**

**OWNER/APPLICANT INFORMATION**

Property Owner:		
Mailing Address:		
Phone Numbers:	Day:	Cell:
Email Address:		

**CONTRACTOR/CO-APPLICANT INFORMATION (if different from Owner):**

Contractor:		
Mailing Address:		
Contractor's Superintendent:		
Phone Number:	Day:	Cell:
Email Address:		

**PROJECT INFORMATION:**

Physical Address of Project:	
Date(s) of Work Proposed:	

**DESCRIPTION OF WORK TO BE PERFORMED IN THE TOWN HIGHWAY RIGHT OF WAY:**

_____ _____ _____ _____ _____ _____
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<p>Owner/Applicant:</p> <p>_____ (Signature)</p> <p>_____ (Position/Title)</p> <p>_____ (Date)</p>	<p>Contractor/Co-Applicant:</p> <p>_____ (Signature)</p> <p>_____ (Position/Title)</p> <p>_____ (Date)</p>
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**PERMIT APPROVAL**

This Right-of-Way Encroachment/Road Opening Permit Application is hereby approved,  
subject to the General Conditions and Special Conditions noted on the reverse side of this permit

<p>Town of Stowe:</p> <p>_____ (Name)</p> <p>_____ (Title-Authorized Representative)</p>	<p>_____ (Signature)</p> <p>_____ (Date)</p>
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