

TOWN OF KENNEBUNKPORT
Street Opening Permit

Name of Owner: _____ Date of Application: _____
(First, Middle, Last)

Address: _____

Phone: _____ Tax Map _____, Block _____, Lot _____

Name of street to be excavated: _____

Approximate size of excavation: _____

Reason for Permit: _____

Permit Conditions: If there is any intrusion into the black top, road should be paved from curb to curb.

Date excavation is to take place: _____

Contractor: _____ Phone: _____ Fax: _____

Address: _____

Bond Amount: \$ _____ Company: _____
(To be certified and given to Town Clerk to record)

Insurance Company & Certificates: _____

APPROVED: _____ Date: _____
Highway Superintendent

Selectman

Selectman

Selectman

Selectman

Selectman

(Town paid stamp here)

FEE: \$25.00

**** Please attach plan ****