

Maine Department of Transportation
Application to Open State Highway

Applicant Information: Name: _____ Phone: _____ Date: _____
Address: _____ Town: _____ State: _____ ZIP: _____
Pager/Cell: _____

Primary Contact Information: *(Write "SAME" if the primary contact for on-site work will be the Applicant)*
Name: _____ Phone: _____ Pager/Cell: _____
Address: _____ Town: _____ State: _____ ZIP: _____

Proposed Work Information: Highway Number (if known): _____
Town: _____ Road Name: _____
Type of Work Proposed: _____
****Please attach a plan indicating the highway, location of work proposed, anticipated impacts, and any other reference features.****
Who will perform work?: _____
Anticipated work schedule: Starting Date: _____ Completion Date: _____
If this work is for a utility, has an application for a *Utility Location Permit* been submitted to the Department? Yes No N/A
If this work is state funded, is it covered by the State Agency Addendum? Yes No N/A

Existing Utilities (List all utilities in the work area, indicate whether or not they have been notified of the proposed work)

Utility Name	Underground	Above Ground	Notified?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fee Information:		Estimated Impacts	
Surface Type:	(A) Unit Cost:	(B) Estimated Area	Permit Fee (A)x(B)
Paved Surface: Bituminous Concrete or treated surface/shoulders (Min. fee \$50)	\$50.00 per Sq. Yard	Sq. Yard(s)	\$
Concrete Surface: Portland Cement Concrete or Bituminous on concrete. (Min. fee \$75)	\$75 per Sq. Yard	Sq. Yard(s)	\$
All Other Surfaces: Plain gravel surface or shoulder or area outside roadbed.(Min. fee \$25)	\$5.00 per Sq. Yard	Sq. Yard(s)	\$
Direct Buried Cable: (Low-impact installation of cable outside of the traveled way/shoulder)	\$0.20 per Lineal Foot	Lineal Feet	\$
Other Work in addition to replacing pavement (Specify)			\$

If ESTIMATED FEE IS \$2,500 or less for Licensed Utilities, Municipalities or other Governmental Institutions, **OR \$1,000 or less** for all other applicants, **payment of 10% of the estimated impacts must accompany this application**
If ESTIMATED FEE EXCEEDS \$2,500 for Licensed Utilities, Municipalities or other Governmental Institutions, **OR \$1,000** for all other applicants, **the Special Opening Permit as described in section II E of the Rules, Regulations and Policies shall also apply.**
Do you request refund of the entire permit fee contingent on a full width overlay per Section II. A. of the Special Opening Permits? Yes No

NOTICE TO APPLICANT: the Applicant is hereby notified that, upon approval of this application, all work shall comply with the following requirements, as applicable: (1) all conditions specified in the Highway Opening Permit; (2) the Department's Highway Opening Rules, Regulations and Policies; (3) the Department's Utility Accommodation Rule (17-229 CMR 210); (4) all conditions of a Utility Location Permit issued pursuant to 17-229 CMR 210; and (5) local ordinances and federal and state laws. In the event of a conflict between any applicable requirements, the more stringent requirement shall govern unless otherwise directed by the Department. Specific attention is directed to the requirements of 23 MRSA Section 3360-A, Protection of Underground Facilities (a.k.a. "The Dig Safe" Law") which requires notification to various entities at least three working days prior to making any excavation. Additional information may be found at: www.digsafe.com. The applicant further agrees that, upon approval and issuance of a permit, the Department will be notified at least 48 hours in advance of the start of any work.

The Applicant is further advised that a representative of the Department of Transportation will measure the final impacts resulting from the Applicant's work and the Applicant will be responsible for paying any subsequent charges on the difference between the estimated quantities and the actual measurements. If total costs are found to be less than the estimated fee paid, a refund will be made if in excess of \$1.00. The Applicant shall be responsible for all final restoration of the affected area to the satisfaction of the Department of Transportation.

Applicant's Signature: _____ Date: _____