

**TOWN OF ST ALBANS, VT.**  
**APPLICATION FOR PERMIT TO INSTALL UTILITIES IN TOWN RIGHT-OF-WAY**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date: \_\_\_\_\_ Type of Utility to be installed: \_\_\_\_\_

Installation to be performed by: \_\_\_\_\_

Location of Installation: \_\_\_\_\_ Proposed Installation Date: \_\_\_\_\_

Please check that the following application elements are attached to this application:

**Site Plan that Includes:**

Name(s) of affected Road;

Closest residence number(s);

GPS Coordinates of proposed utility location (s);

Narrative of project description including what will be installed, how it will be installed, at what depth, and how it will be sleeved.

**Traffic Control Plan:**

Required Dig Safe Information;

Liability Insurance Certificate naming the Town of St Albans as additional insured;

Fees: \$200 (\$100/Permit & \$100/Inspection)

By signing this application you agree that you have been provided with, read, understand, and will comply with all the requirements of the **Town of St Albans Installation of Underground Utilities Policy**.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Submit complete application to:

Director of Public Works

Town of St Albans, VT

P.O. Box 37

St Albans Bay, VT. 05481

Only complete applications will be reviewed. Permit decisions will be made within 7 business days from receipt of complete application.