TOWN OF DENTON ROAD OPENING & DIRECTIONAL DRILLING PERMIT

Attn: Email: Fax #:	Fax to: Planning & Codes Attn: David Renshaw Email: drenshaw@dentonmaryla Fax #: 410-479-3534 Phone#: 410-479-3625			From:					
i nonen.			Fax #:	Phone#:					
Location of Work:									
Description & Purpose of Work:									
Emerger	ncy: [Yes]	[No] Sta	rting Date:	Completion Date:					
Estimate	ed Opening Ar	ea:	_Sq.yds	Is Opening within a Street Intersection?	[Yes]	[No]			
Will opening and/or drilling work, equipment, or materials interfere with a Traffic Lane? [Yes] [No]									
Provide sketch below of proposed openings and/or drillings including street names, curb line or edge of paving:									

MULTIPLE OPENINGS MAY BE INCLUDED ON ONE PERMIT, ONLY IF LOCATED IN SAME BLOCK. No work shall be performed (*except in emergency) before this application is approved and permit granted. A copy of the permit shall be available on site when work is in progress. Applicant agrees to restore road according to town specifications within fifteen (15) days from date work is completed. *Applicant must notify this department by phone in emergency situations before proceeding with work.

Signature of person authorized to make applic	ation:			
Date permit approved:	By:	Bond required?	[Yes]	[No]
Special conditions or instructions:				
Final completion inspection date:	By:			
Accepted [] Rejection []	Reason:			

