



HIGHWAY DEPARTMENT
PO BOX 180
WEST SHOKAN NY 12494
olivehighway@hvc.rr.com

ROAD OPENING PERMIT APPLICATION

Date _____ Applicant _____

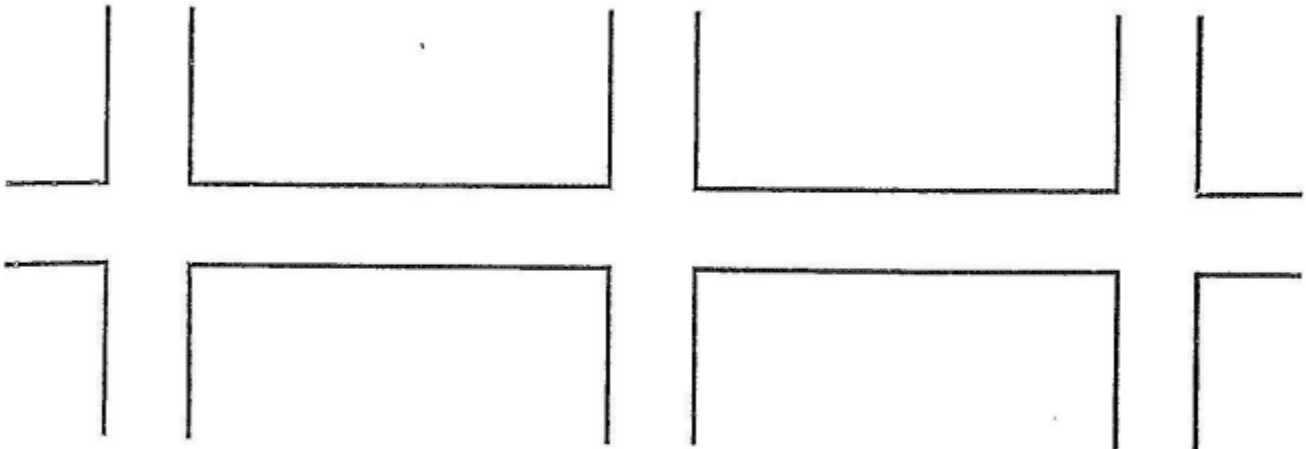
Address _____

Name of road and location of opening from nearest intersection _____

Purpose of opening _____

Estimated size of opening _____ In Shoulder _____ In pavement _____

Work expected to start on _____ Completed on _____



Authorized Signature

Title

To be completed by Highway Superintendent:

Pre-Site Inspection Date: _____

Remarks: _____

\$50 Fee Received: _____ Check #: _____ Bond Required: _____ Permit #: _____

Final Approval Inspection Date: _____

Superintendent Signature/Remarks: _____