

Date: _____
Fee: (For DOT use): _____

PMT-1 Rev. 05/91
State of Connecticut
Department of Transportation

Application form must be filled in completely
and mailed or delivered to the
Bureau of Highways District Office

APPLICATION FOR PERMIT

Location of proposed work:

(a) Town: **Old Lyme** (b) Route: **Route 1** (c) Street Name & Number: **Halls Road across from the Post Office**
(d) (Circle One) N, S, E, W, side of Highway (e) Located Between Utility Poles No. _____ & No. _____
(f) Distance and direction from nearest intersecting road. **Lyme Street** Miles (N, S, E, W) of _____ Street/Road

Application is hereby made to: (Describe fully and include sketch or attach plans) **Hang A Banner across Halls Road. Banner Specifications: Four (4) feet high, Twenty-five (25) feet long. Fabric: 18 ounce high grade nylon with nylon webbing in the hems and reinforced stitching in the four corners of the banner. "Dog" snap hooks and grommets must be positioned at four foot intervals along the top and bottom. It is recommended that reusable banners have five inch diameter "wind windows" with or without perimeter stitching to prolong the life of the banner.**

APPLICATION APPROVAL WILL NOT BECOME EFFECTIVE UNTIL ALL NECESSARY LOCAL AND STATE LICENSES AND PERMITS ARE OBTAINED BY THE PERMITTEE OR HIS AGENT, AND FURTHER, THE PERMITTEE SHALL BE SUBJECT TO ALL FEDERAL, STATE AND LOCAL REGULATIONS.

Banner to Read:

State of Connecticut
Department of Transportation
Bureau of Engineering and Highway Operations
171 Salem Turnpike, P.O. Box 1007
Norwich, CT 06360-1007

PERMIT FEE can be paid only by check or money order payable to Treasurer – State of Connecticut

Name of Surety Company and amount of Bond:

Permit to be issued to:

Name & Organization: _____

Party to whom Bond is issued:
Print Name: _____
Signed: _____ Phone: _____

Address: _____ Phone: _____

Town: **Old Lyme, Connecticut** Zip: **06371**

The owner of the property for whom this work is being performed
agrees to accept all future maintenance responsibility for the work
specified in the permit prior to the acceptance by the DOT.

Party to whom Insurance is issued:
Print Name: _____
Signed: _____ Phone: _____

Print Owner's Name: **TOWN OF OLD LYME**

Approximate Time Required: Starting Date: _____

Address: **52 Lyme St, P.O. Box 160, Old Lyme, CT 06371**

Signed: _____ Phone: **(860) 434-1605**

Title: _____

Complete Plans and Specifications must be submitted for major encroachment permits. On other work, a careful sketch shall be shown in space above or on backside of this application.