## Maine Department of Transportation **Highway Opening Application**

Applicant Information:	U I	8 11	Date:							
Name:		Phone:	Pager/Cell:							
Address:	Town:		State: ZIP:							
Primary Contact Information: (Write "SAME" if the primary contact for on-site work will be the Applicant)										
Name:		Phone:	Pager/Cell:							
Address:	Town:	State:	ZII	).						
Proposed Work Information:		Highway Number (if	known):							
Town:		Road Name:	Kilowilj.							
Type of Work Proposed:		Roud Fullio.	** Please atta	ich a Location I of the work area	Map and					
Who will perform the work?			Sketch Plan d	of the work area	. ^ ^					
Anticipated work schedule: Starting Date		Completion I	Date:							
If this work is for a utility, has an application for a		•	Yes No	N/A						
Is this work intended to be performed under the Fu	•		Yes No	N/A						
Have all existing utilities in the work area been not		-		Yes	No					
have an existing utilities in the work area been not	filled of the propo	sed work and given an opportun	ity to comment?	1 68	INO					
GPS Coordinates of Work Location: (Please	enter coordinate	es in Decimal Degrees, WGS	1984)							
×		titude (ex: 44.3074199)	Longitude (ex: -	69.7775613)						
Starting I	Point:	, ,		,						
Ending I										
Impact & Fee Information:										
Surface Type: Paved Surface: Bituminous Concrete or treated	(A) Unit Cost: \$75.00 per	(B) Estimated Area		Value (A)x(B)						
surface/shoulders ( <i>Min. fee</i> \$75, see below)	Sq. Yard	Sq. Yard(s)	\$							
Concrete Surface: Portland Cement Concrete or Bituminous over concrete. ( <i>Min. fee \$100, see below</i> )	<b>\$100.00</b> per Sq. Yard	Sq. Yard(s)	\$							
All Other Surfaces: Plain gravel surface/shoulder or	<b>\$10.00</b> per	Sq. Yard(s)	\$							
area outside roadbed. <i>(Min. fee \$25, see below)</i> Other Work in addition to replacing pavement	Sq. Yard									
(Specify)	\$									
Total Impact Value (Sum of all Impact Values) \$   Permit Fee (10% of Total Impact Value, OR, if the calculated Permit Fee is less than the highest minimum fee \$										
specified above for the surface type impacted, than the hi				<b>*</b>						
(Example: if you impact a paved and a non-paved surface	e, the applicable mi	nimum fee is \$75).		\$						
Please Note: Permit Fees for non-escrow applications are nonrefundable.										
Instructions for Payment:										
If you are a licensed utility, a municipality or any other governmental entity AND the TOTAL IMPACT VALUE calculated above is \$10,000 or less, please include payment in the amount of the Permit Fee with this application, made out to <i>Treasurer, State of Maine</i> .										
If you are NOT a licensed utility, a municipality or other governmental entity, AND the TOTAL IMPACT VALUE calculated above is \$5,000 or less,										
AND you will <u>not</u> be impacting the paved or concrete surface of the highway, please include payment in the amount of the Permit Fee with this application.										
If you ARE proposing to impact the paved or concrete surface of the highway, please include payment in the amount of the TOTAL IMPACT VALUE and all but 10% will be returned to you upon satisfactory completion of the work.										
If the TOTAL IMPACT VALUE exceeds \$10,000 for licensed utilities, municipalities or other governmental entities, OR \$5,000 for all other applicants,										
a SPECIAL OPENING PERMIT as described in section 6.2.A.(6) of MaineDOT's Utility Accommodation Rule (17-229 CMR 210) shall also apply. In this										
circumstance, an escrow account will be established and there is no direct payment submitted with this application. Do you request a refund of the entire permit fee contingent on a full width overlay per 17-229 CMR 210 Section 6.7.G?										
<u>NOTICE TO APPLICANT:</u> the Applicant is hereby not				following requi	rements					
as applicable: (1) all conditions specified in the Highway										
Utility Accommodation Rules (17-229 CMR 210); (4) all conditions of an associated Utility Location Permit issued by MaineDOT; and (5) all applicable										
local ordinances and federal and state laws. In the event of a conflict between any requirements, the more stringent requirement shall govern unless otherwise directed by the Department. Specific attention is directed to the following requirements: (1) Work zone traffic control standards as defined by the										
Manual on Uniform Traffic Control Devices (MUTCD); (2) Occupational Safety & Health Administration (OSHA) trenching and excavation standards; and										
(3) 23 MRSA Section 3360-A, Protection of Underground Facilities (a.k.a. "The Dig Safe® Law") which requires notification at least three working days										
prior to making any excavation. Additional information may be found at: <u>http://mutcd.fhwa.dot.gov</u> , <u>http://www.osha.gov/SLTC/trenchingexcavation/</u> , and <u>www.digsafe.com</u> respectively. The Applicant shall be responsible for all final restoration of the affected area to the satisfaction of MaineDOT.										
www.digsafe.com respectively. The Applicant shall be responsible for all final restoration of the affected area to the satisfaction of MaineDOT. The MaineDOT Region Office shall be notified at least <u>48 HOURS</u> prior to the actual start of work.										
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## **Highway Opening Application Sketch Plan**

Applicant Name:
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Town:

The purpose of this "Sketch Plan" is to show the location of the proposed opening in relation to the highway. This plan is not intended to be drawn to scale, however, you must accurately reference the proposed facility and excavation with offset distances from one of the lines on the road. In addition, please provide other accurate dimensions as necessary.

Right-of-Way Line		Shldr Edge of Shoulder	Edge of Travel Way (ETW)	Travel Lane	Travel Lane	Edge of Travel Way (ETW)	Shidr Edge of Shoulder	Indicate NORTH	Right-of-Way Line	