

PERMIT FEE \$100.00

PERMIT # \_\_\_\_\_  
(Office Use Only)

**TOWN OF CAPE ELIZABETH PUBLIC WORKS  
STREET OPENING PERMIT APPLICATION**

\_\_\_\_\_ hereby requests  
permission to open \_\_\_\_\_ (road/street)  
at house/lot #: \_\_\_\_\_

**DIG-SAFE APPROVAL: (Must be Confirmed by 72 hr. Notice)**

Central Maine Power (Dig Safe Confirmation #) \_\_\_\_\_

Consolidated Communications (Dig Safe Confirmation #) \_\_\_\_\_

Spectrum (Dig Safe Confirmation #) \_\_\_\_\_

Unitil (Dig Safe Confirmation #) \_\_\_\_\_

Portland Water District (Dig Safe Confirmation #) \_\_\_\_\_

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

Town \_\_\_\_\_ Tel # \_\_\_\_\_ 24-Hour # \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

Contractor (or Sub-Contractor) Performing Work: \_\_\_\_\_

Address: \_\_\_\_\_ Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

Name of Property Owner for  
Whom the Work is Being Done: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Anticipated Completion: \_\_\_\_\_

Purpose of Excavation: \_\_\_\_\_

Proof of Insurance Shall Be Submitted with Application, Listing the Town as Certificate Holder and Additionally Named Insured.

Received by (Signature of Recipient) \_\_\_\_\_ Date: \_\_\_\_\_

**All Street Opening Permits Expire 90 Days After The Date of Approval**