



**PERMIT APPLICATION  
 RIGHT-OF-WAY ENCROACHMENT and/or ROAD OPENING PERMIT  
 TOWN OF STOWE  
 PUBLIC WORKS DEPARTMENT (PWD)  
 PO Box 730  
 Stowe VT 05672**

**OWNER/APPLICANT INFORMATION**

Property Owner:		
Mailing Address:		
Phone Numbers:	Day:	Cell:
Email Address:		

**CONTRACTOR/CO-APPLICANT INFORMATION (if different from Owner):**

Contractor:		
Mailing Address:		
Contractor's Superintendent:		
Phone Number:	Day:	Cell:
Email Address:		

**PROJECT INFORMATION:**

Physical Address of Project:	
Date(s) of Work Proposed:	

**DESCRIPTION OF WORK TO BE PERFORMED IN THE TOWN HIGHWAY RIGHT OF WAY:**

---

---

---

---

---

---

---

---

---

---

Owner/Applicant: _____ (Signature) _____ (Position/Title) _____ (Date)	Contractor/Co-Applicant: _____ (Signature) _____ (Position/Title) _____ (Date)
--	--

**PERMIT APPROVAL**

This Right-of-Way Encroachment/Road Opening Permit Application is hereby approved,  
 subject to the General Conditions and Special Conditions noted on the reverse side of this permit

Town of Stowe: _____ (Name) _____ (Title-Authorized Representative)	_____ (Signature) _____ (Date)
---	---

