CITY OF WEST HAVEN

DEPARTMENT OF PUBLIC WORKS
355 MAIN ST
WEST HAVEN, CT 06516
PHONE (203) 937-3585

EXCAVATION & SIDEWALK LICENSE APPLICATION

Expires June 30, must be renewed annually

Applicant Name: _____ **Date:** ____/____/_____

Company Name: _____

Company Street Address: _____

City/State/Zip _____

Cell Number: _____-_____-_____ **Email:** _____

APPLICATION MUST BE ACCOMPANIED WITH THE FOLLOWING INFORMATION AT SUBMISSION.

- ☐ **$10,000 Surety bond. (Original)**
- ☐ **Certificate of insurance listing City of West Haven as additionally insured.**
- ☐ **$1500.00 Trench Patch Fund Deposit**
- ☐ **Copy of State Contractors License (Drain Layers)**

I, the undersigned, hereby apply for an Excavation license from the City of West Haven. I understand that (I)we are responsible for providing updated Certificates of Insurance as they may lapse through the duration of our license. As well as a bond in the amount of $10,000 for at least 1 year, in each subsequent year we must supply a bond verification certificate or new bond. I accept the terms and conditions of the regulations of the Department of Public Works and that the approval of the City must be obtained for the issuance of a permit prior to starting work. Upon completion of the installation, persons doing such work must notify the City of West Haven – Department of Public Works when the work has been completed.

Applicant Signature: _____ **Date: / /20**

Director of Public Works/Designee Signature: _____ **Date / /20**

1. Excavation and Sidewalk License Application
2. Site Map
3. Ordinance, See Section B. Fees
4. Confirmation of CBYD

All required paperwork must **be delivered in person** to the Dept Public Works between 9am- 2pm, Mon- Fri. **MAIL OR EMAILED PAPERWORK WILL NOT BE ACCEPTED.**