



## TOWN OF HINSBURG UTILITY/ RIGHT-OF-WAY PERMIT

The Town of Hinesburg hereby agrees that the applicant, \_\_\_\_\_  
may enter upon and bury within the Town's right-of-way the following utility(ies) (check all that apply):

_____	Electric power cable	_____	Wastewater line
_____	Telephone cable	_____	Other utility lines (please specify)
_____	Water line	_____	Other

on \_\_\_\_\_ Road to serve Hinesburg Grand List Map and Parcel Number \_\_\_\_\_, subject to any permits and approvals required by utility companies, and state and local government entities. A map of the approximate location of the utilities is attached.

In consideration of the Town's approval for burial of the specified utilities, the applicant agrees that they will, without expense to the Town, repair said line(s) should it be accidentally damaged in the normal course of Town road repairs, maintenance and improvements.

It is further agreed that the applicant will restore the road to its original condition within 10 days of the installation of the utility(ies). At their sole expense, the applicant will maintain the road cut in its original condition for one year from the date of this permit. If over the course of the year, the applicant fails to maintain the road cut in its original condition, the applicant will bear all expenses incurred by the Town to restore the road cut to its original condition.

Name of Applicant:

Name of Landowner (if different from Applicant):

\_\_\_\_\_

\_\_\_\_\_

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

Landowner Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Telephone: \_\_\_\_\_

Landowner Telephone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Landowner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by the Town of Hinesburg Highway Foreman

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_

Approved by the Hinesburg Utilities Director (if within the water/wastewater service area)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_

Approved by the Hinesburg Town Manager

\_\_\_\_\_ Date: \_\_\_\_\_  
Todd Odit