

Permit # \_\_\_\_\_

TOWN OF NORTHPORT  
APPLICATION FOR ROAD/STREET OPENING PERMIT  
207-338-3819 e-mail: townclerk@northportmaine.org

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AUTHORIZED CONTRACTOR: \_\_\_\_\_

TELEPHONE/EMAIL: \_\_\_\_\_

TAX MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ ROAD NAME: \_\_\_\_\_

PURPOSE OF OPENING: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

ESTIMATED COST: Permit Fee:	\$25.00
Paved Surfaces Disturbed:	\$75sq.yd
Unpaved Surfaces Disturbed:	\$30.00sq.yd

ROAD OPENING FEE TOTAL: \$ \_\_\_\_\_

SKETCH/MAP OF LOCATION & SIZE OF CUT ATTACHED WITH SQ.YDS  
DISTURBED(if required):

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Road Commissioner

I have read and agree to the terms set forth in the Town of Northport Road/Street Opening Permit and that I may be responsible for additional expenses in relation to repairing the road/street opening.

Notify DIG SAFE, if necessary, prior to road/street opening 1-800-344-7233

\_\_\_\_\_  
Applicant/Contractor

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