

**TOWN OF DENTON  
ROAD OPENING & DIRECTIONAL DRILLING PERMIT**

Fax to: **Denton Public Works**      Date: \_\_\_\_\_      From: \_\_\_\_\_  
Attn: **Scott Getchell**  
Fax #: **410-479-5447**      Company: \_\_\_\_\_  
Phone#: **410-479-5446**      Fax #: \_\_\_\_\_      Phone#: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Description & Purpose of Work: \_\_\_\_\_

Emergency: [Yes] [No]      Starting Date: \_\_\_\_\_      Completion Date: \_\_\_\_\_

Estimated Opening Area: \_\_\_\_\_ Sq.yds      Is Opening within a Street Intersection? [Yes] [No]

Will opening and/or drilling work, equipment, or materials interfere with a Traffic Lane? [Yes] [No]

Provide sketch below of proposed openings and/or drillings including street names, curb line or edge of paving:

*MULTIPLE OPENINGS MAY BE INCLUDED ON ONE PERMIT, ONLY IF LOCATED IN SAME BLOCK. No work shall be performed (\*except in emergency) before this application is approved and permit granted. A copy of the permit shall be available on site when work is in progress. Applicant agrees to restore road according to town specifications within fifteen (15) days from date work is completed. \*Applicant must notify this department by phone in emergency situations before proceeding with work.*

Signature of person authorized to make application: \_\_\_\_\_

---

Date permit approved: \_\_\_\_\_ By: \_\_\_\_\_ Bond required? [Yes] [No]

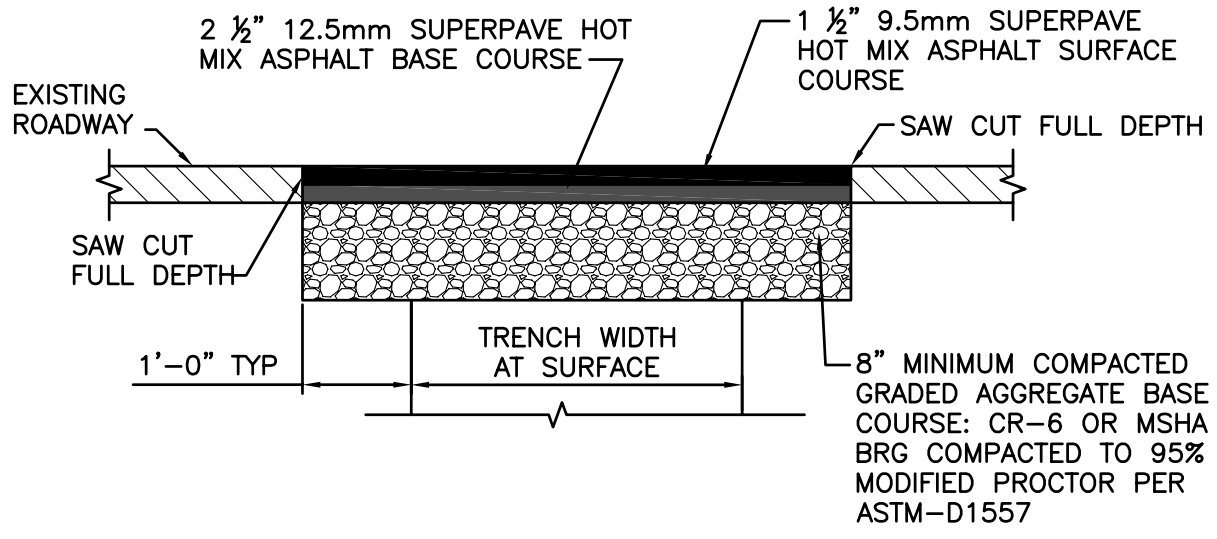
Special conditions or instructions: \_\_\_\_\_

Final completion inspection date: \_\_\_\_\_ By: \_\_\_\_\_

Accepted [ ]      Rejection [ ]      Reason: \_\_\_\_\_

---

---



PAVEMENT RESTORATION DETAIL

TOWN OF DENTON DEPARTMENT OF PUBLIC WORKS	APPROVED BY:	PAVEMENT & CONCRTE DETAILS PAVEMENT RESTORATION	REVISED	SHEET PW-7.00
	_____		DEC. 2007	
	PUBLIC WORKS DIRECTOR		_____	
	DATE: _____		_____	