

OFF-SITE ACTIVITY SUBMITTAL



- This form is to be completed in its entirety by the Contractor/District Tech when proposing any waste, borrow, or staging area or any work outside the defined Contract construction limits.
- Submit to Karen Spooner: karen.spooner@vermont.gov , Phone: (802)828-2169, Fax: (802)828-2334, VTrans Highway Division, Environmental Section, One National Life Drive, Montpelier, VT 05633-5001
- Submit a copy to the Resident Engineer
- Allow 21 calendar days (see Section 105.25 (c) of the VTrans Standard Specifications For Construction) for review once the application is administratively complete.

▪ SUBMITTAL INFORMATION

Project Name & Number/District: <u>EAST MONTPELIER BRP 037-1 (2)</u>		Contractor/District Tech: <u>CCS CONSTRUCTORS</u>	
Contact: <u>BRIAN RICHARDSON</u>	Phone: <u>802-888-7701</u>	Fax: <u>802-888-4746</u>	E-mail: <u>BRIAN@CCSCORP.VT.US</u>
Resident Engineer: <u>CHRIS BARKER</u>	Phone: <u>802-279-8161</u>	Fax: _____	_____

▪ PROPOSAL INFORMATION (Select one type of area being proposed for use per submittal and describe associated characteristics)

<input type="checkbox"/> Waste	<input type="checkbox"/> Borrow	<input checked="" type="checkbox"/> Staging	<input type="checkbox"/> Other (ex. dewatering location): _____
Material: Type (asphalt, concrete, earthen, etc.) <u>TRAIL</u>		Quantity (yds ³) _____	
Total Area of Land Disturbance (sq ft) _____			
Additional Info: _____			

▪ LANDOWNER/PROPERTY INFO (Fill all applicable boxes; attach a Location Map and Sketch of Area)

Name: _____	Address: _____	Phone: _____
Print Name	Full Address	
<input type="checkbox"/> Private Residential/Commercial	<input type="checkbox"/> Town/State Owned Facility	<input type="checkbox"/> Other
Additional Info: _____		
Are there other users of this site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Known past uses: _____		
<input type="checkbox"/> Location Map (Google or other map that shows the site location)		
<input type="checkbox"/> Sketch of Area: <input type="checkbox"/> North arrow	<input type="checkbox"/> Approx scale	<input type="checkbox"/> Recognizable features
Permit Info:		
Act 250 Permit Exists? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, # _____ Copy Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List of Other Existing Permits: _____		

Landowner Agreement (Signature is required for all private, town, and state owned properties)

I, _____, warrant that the information in the above permit application is accurate and agree to the
Landowner/Facility Manager Signature
specifications set forth in Section 105.25-105.28 of the latest VT AOT Standard Specifications for Construction provided by the Contractor. In addition I agree to the use of the proposed area by _____ as shown on the attached sketch. If acting
Name of Contractor
as the agent of the Landowner, I warrant (1) that the Landowner has the full right, power, and authority to authorize the proposed use, (2) that I am authorized to act as the Landowner's agent, and (3) that my authority to act as the Landowner's agent has not been revoked.

Date: _____

This clearance is for the Natural and Cultural Resources Only.



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Contact: <u>BRIAN RICHARDSON</u>	Phone: <u>802-888-7701</u>	Fax: <u>802-888-4746</u>	E-mail: <u>BRIAN@CCSCRAWNSERVICE.CO</u>
Resident Engineer: <u>CHRIS BARBER</u>		Phone: <u>802-271-8161</u>	Fax: _____

▪ PROPOSAL INFORMATION (Select one type of area being proposed for use per submittal and describe associated characteristics)

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Material: Type (asphalt, concrete, earthen, etc.) <u>GRAVEL</u>		Quantity (yds ³) _____	
Total Area of Land Disturbance (sq ft) _____			
Additional Info: _____			

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