



3045 Theodore Roosevelt Highway
 Waterbury, VT 05676
 Phone: (802) 434-3064 • Fax: (802) 434-6404
 Email: clerkbolton@gmavt.net

ROAD CUT PERMIT
Application Fee [\$25.00]
[\$1,000.00 Bond Required]

APPLICANT INFORMATION

| Name(s) (all) | Owner(s) of Record <i>(as shown on deed)</i> | Applicant(s) <i>(if not owner)</i> | Other Contact |
|-----------------|--|------------------------------------|---------------|
| | | | |
| Mailing Address | | | |
| | | | |
| Phone/Fax #'s | | | |
| | | | |

Before cutting across any black topped road in the Town of Bolton, for any purpose, a one thousand (\$1,000.00) dollar bond must be left with the Town Treasurer. There is also a *non-refundable* twenty-five (\$25.00) dollar administration fee for this permit. Gravel roads require the permit but no fee is charged. In order to have the \$1,000.00 bond returned, the follow criteria must be met:

1. All road cuts must be re-paved within ten (10) days from the date of the cut.
2. All road cut repairs must be made with a minimum of either (8) inches crusher run gravel under the pavement.
3. All road cuts and re-paving must be completed by October 1 of any year.
4. Inspection by the Town Road Foreman is mandatory prior to return of the bond.
5. Should all the above criteria be met, the bond will be returned one year after the date of the road cut, with interest at whatever the current rate is, provided no problems occur at the site of the cut during the ensuing winter and less any expenses incurred by the Town for, but not limited to, work or repairs at the site.
6. Only one (1) road cut per parcel of land will be issued.
7. The Selectmen reserve the right to deny any request for a road cut at any time.
8. A License Agreement must be recorded with the Town Clerk.
9. Depending on weather conditions, permit requests may be denied at any time, but approvals are especially uncertain between September and May.

PROJECT INFORMATION

Tax Parcel ID #: _____ Parcel ID #: _____
 (Tax Maps in Bolton Town Office) (In Bolton Town Office)

Town Highway #: _____ Date of Cut: _____
 (In Bolton Town Office)

Person/Firm Cutting: _____
 (Name of person or firm performing the road cut)

I understand the requirements of this permit and the criteria for return of my bond.

Signature of Cutting Agent: _____ Date: _____

Signature of Bond Agent: _____ Date: _____

Signature of (all) Land Owner(s): _____ Date: _____

_____ Date: _____

| | |
|---------------------------------|--|
| Administrative Use Only | Date Received: _____ Bond Check #: _____ Permit Fee Check #: _____ |
| | <input type="checkbox"/> Incomplete – Notified Applicant Date: _____ (Letter Attached) |
| | <input type="checkbox"/> Denied Date: _____ (See reverse for cause) |
| | <input type="checkbox"/> Complete/Approved Date: _____ |
| Road Foreman: _____ Date: _____ | |

Any questions may be directed to the Road Foreman through the Bolton Town Office.
 This form and all fees associated were approved by resolution of the Bolton Board of Selectmen on April 30, 2001.

