

HIGHWAYS DIVISION
EXCAVATION PERMIT
DISTRICT OF _____

CLIENT UTILITY (W.A.S.A, T.S.T.T. etc): _____

APPLICANT'S:

NAME : _____

ADDRESS : _____

LOCATION: _____
(OF WORKS)

PLEASE CHECK BELOW THE **ITEM THAT APPLIES TO THE PROPOSED WORK**. BESIDE EACH ITEM CHECKED, WE WILL REQUIRE THE SIGNATURE OF THE CONTRACTOR THAT WILL BE PERFORMING THE PROPOSED WORK.

GENERAL EXCAVATION:

Name: _____

Company: _____

Signature: _____

Commencement Date: _____

SUB BASE AND BASE RESTORATION:

Name: _____

Company: _____

Signature: _____

Commencement Date: _____

ASPHALT RESTORATION/ LANDSCAPING:

Name: _____

Company: _____

Signature: _____

Commencement Date: _____

SIDEWALK/ DRIVEWAY CURB & GUTTER:

Name: _____

Company: _____

Signature: _____

Commencement Date: _____

I, the undersigned, do hereby agree that full and complete restoration is to be executed in compliance to *Specifications* given by the Ministry of Works and Infrastructure, and the laws that govern Trinidad and Tobago. I also understand that any and all excavation is to be done in a safe and expeditious manner as set forth in this Excavation Permit. I further understand that the said works as outlined above is my responsibility and not that of the Ministry of Works and Infrastructure, Highways Division. It is also agreed that from the commencement date, if work is not completed within ninety (90) days, this permit will become null and void.

Applicant Signature

Date: _____

stamp here

Director of Highways

Date: _____