



# NOTIFICATION

## TO WORK WITHIN TOWN RIGHT OF WAY

Notification No.
- -

Note: Cash is not accepted at DPW Operations Center  Fee Paid \_\_\_\_\_  Cert. of Insurance \_\_\_\_\_

**BRIGHTON HIGHWAY DEPARTMENT** ★ 1941 ELMWOOD AVENUE ★ ROCHESTER, NEW YORK 14620

Phone: (585) 784-5280

Fax: (585) 784-5385

### Location of Work:

House No(s).	Street:	Street Side:
_____ feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from C of road, and _____ feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W from _____.		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W

### Description of Work (Check any that apply):

Measurements of Work Area	Type of Work	Repair to	Status	
	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Curb Cut <input type="checkbox"/> Pavement Cut <input type="checkbox"/> Corrosion Investigation	<input type="checkbox"/> Fix Leak <input type="checkbox"/> Resurface <input type="checkbox"/> Widen <input type="checkbox"/> Bore	<input type="checkbox"/> Main <input type="checkbox"/> Other <input type="checkbox"/> Service <input type="checkbox"/> Lateral <input type="checkbox"/> Anode <input type="checkbox"/> Valve	<input type="checkbox"/> Emergency <input type="checkbox"/> Planned Maintenance <input type="checkbox"/> Capital Improvement

### Description of Work Done:


### Tentative date of permanent restoration/repairs:

Please Note: *The Town of Brighton requires a stakeout request for ALL work done within the right of way.* When requesting the stakeout, please reference the notification number above. Forward this completed form to the Town Highway Department within 5 days. If road cut is required, please notify the Highway Department prior to starting work, if feasible. The Town requires weekly inspections by the utility company. A copy of inspection reports shall be submitted to the Town if requested. This includes work done in lawn areas of right of way, curb areas, and road cuts.



**Know what's below. Call before you dig.**

### Applicant:

Name of Applicant/Owner:	Date:
Address:	Phone No:
	Fax No:
	24 HR Emergency Phone No:

### Contractor:

Name:	Phone No:	24 HR Emergency Phone No:
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### Prepared By:

Name:	Date:	Phone No:
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### Departmental Approvals:

DPW:	Planning:
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