

Town of Grafton Excavation Permit

TOWN OF GRAFTON

PO BOX G

GRAFTON NY 12082

EMAIL: graftonhighwaydept@albany.twcbc.com

Contractor/Company Name _____ Date _____

Company Address _____

Contact Person _____

Purpose of Excavation _____

Location of Excavation _____

Length _____

Width _____

Depth _____

Restore Roadway to Highway Specifications Yes _____ No _____

GRANTED _____ DENIED _____

Exceptions _____

Signature of Highway Superintendent _____

Date _____