Application Submittals – Contact Information:
Eric Bergeron
Office of Rail – Assistant Rail Administrator
State of CT - Department of Transportation CCO
Building No. 24, 4 Brewery Street, 4th Floor
New Haven, CT 06511
Email – DOT.RailProperties@ct.gov

Print

Submit by Email

APPLICATION FOR RAIL ENTRY PERMIT OR LICENSE

SECTION 1: APPLICANT INFORMATION — TO BE COMPLETED BY APPLICANT

Applicant Identification (required)

Applicant's Complete Legal Company Name:					
Legal Address (1):					
Legal Address (2):					
City:		State:		Zip:	
Business Type:	☐ Corporation ☐ Limited Liability Company ☐ Limited Partnership ☐ Municipality ☐ Limited Liability Partnership ☐ General Partnership				
State of Incorporation:		Other Business Type - Describe:			

Billing Address

☐ *(Check box if same as above); if not, please complete below.*

Billing Address (1):					
Billing Address (2):					
City:		State:		Zip:	

Applicant Contact Information

Contact Name:		Contact Title:	
Office Phone:	Ext.:	Mobile Phone:	
Email:		Emergency Phone:	

SECTION 2: PROJECT CONTACT INFORMATION — TO BE COMPLETED BY APPLICANT

☐ ***Check here if address is the same as legal address above.***
☐ ***If not the same as above, check here if agreement should be mailed to this address.***

Project Engineer/Consultant/Agent/Contractor Information

Engineer/Consultant/ Agent/Contractor Company Name:					
Contact Name:					
Mailing Address:					
City:		State:		Zip:	
Office Phone:		Mobile Phone:			
Email:					

Application for Rail Entry Permit or License

CONNECTICUT

CTDOT CONNECTICUT TRANSPORTATION

SECTION 3: PROPERTY USE INFORMATION/LOCATION	TO BE COMPLETED BY APPLICANT

Proposed Property Use & Dimensions

Intended Use - Be Explicit:

Do you plan to make any attachments or improvements to the property? ☐ Yes ☐ No

If yes, plans and details are required with submittal of application.

Dimensions of Proposed License Area: _____ feet by _____ feet

Existing Conditions of Proposed License Area

Is there an existing agreement for this location? ☐ Yes ☐ No | If Yes, what is the Rail File #? ( ) 7001-MISC-

Are there any existing structures or improvements located on the property? ☐ Yes ☐ No

If yes, please describe:

Location of Proposed License Area

Street Address of Proposed License Area:					
City:		County:		State:	
Latitude:		Longitude:			
Street Names of Nearest Intersection:					

Railroad Operator at License Area: Metro-North Railroad Company

Proposed License Duration / Term

Proposed Start Date of License: Proposed End Date of License: *Format: 01/01/2000*

Additional Comments / Notes

The completed application should be mailed to the address listed at the top of page one of this application form. Please send a check in the amount of $250.00 USD for processing and review of the application to the address below. The following attachments are required with the submittal of the application:

1. Detailed Plans and location map or survey
2. Ownership Record of Title (Deed)
3. Existing Agreements (Lease/License, Permits, Railroad Permits, Encroachment Permit, etc.)

Please Submit all checks to:

Department of Transportation, Accounts Receivable Unit
P.O. Drawer 317546
2800 Berlin Turnpike
Newington, CT 06131-7546