



CONNECTICUT DEPARTMENT OF TRANSPORTATION

LOCAL BRIDGE PROGRAM



PRELIMINARY APPLICATION

Preliminary application is hereby made by Town/City/Borough of _____
for possible inclusion in the Local Bridge Program for the following structure:

Bridge Location: _____

Bridge Number: _____ Structure Length: _____ feet Curb-to-Curb Width: _____ feet

Sufficiency Rating: _____ % Priority Rating: _____ %

State Local Bridge Program: _____

Federal Local Bridge Program: _____

Evaluation & Rating Performed by: State Forces _____ Others _____

Inspection Report performed under NBIS rules must accompany this application. Screenings or other evaluations are not sufficient.

If Others, Name of Professional Engineer: _____

Connecticut Professional Engineers License Number: _____

Engineering Firm: _____

Engineer's Address: _____

Engineer's E-mail Address: _____

Description of Scope of Project: _____ *(note Bridge Repair Code as per Figure 5-1 of the Local Bridge Program Manual; attach narrative/preliminary plans & specifications).*

Name of Municipal Official to Contact: _____

Title: _____ Telephone: _____ Ext: _____ Fax: _____

Mailing Address: _____

E-mail: _____

Anticipated Schedule:

(MM/DD/YYYY)

Public Meeting Conducted: _____

Design Completion: _____

Property Acquisition Completion: _____

Utilities Coordination Completion: _____

Construction Advertising: _____

Supplemental Application Submission: _____

Start of Construction: _____

Completion of Construction: _____

Preliminary Cost Figures:

Preliminary Engineering Fees (Include Breakdown of Fees): \$ _____
Rights-of-Way Cost (If Applicable): \$ _____
Municipally Owned Utility Relocation Cost: \$ _____
Estimated Construction Costs (Include Detailed Estimate): \$ _____
Construction Engineering (Inspection, Materials Testing): \$ _____
Contingencies (10% of Construction Costs Only): \$ _____
Total Estimated Project Cost: \$ _____

Financial Aid Data:

Federal Reimbursement:

Total Estimated Project Cost multiplied by 100% (minimum 80% Federal Funds):

Federal Aid Request \$ _____

State Local Bridge Project Grant: (Cannot be combined with Federal reimbursement)

Total Estimated Project Cost multiplied by 50%:

Project Grant Request \$ _____

Other Source of State or Federal funding received/applied for: \$ _____, State/Federal: _____
Funding Program: _____

I hereby certify that the above is accurate and true, to the best of my knowledge and belief. I also certify that this form has not been modified in any way from that distributed by the Connecticut Department of Transportation.

Signature: _____ Date: _____

Name: _____ Title: _____

(Must be signed by Chief Elected Official, Town Manager, or other Officer Duly Authorized)

Required Attachments:

Description of Existing Conditions

Description of Scope of Project

Bridge Inspection Report