CON-58 REV. 9/92 (LOCAL BRIDGE PROGRAM)

STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF ENGINEERING & HIGHWAY OPERATIONS

NOTICE OF COMPLETION OF CONSTRUCTION WORK

FEDERAL AID NO.	PROJECT NO.	DATE
N/A		

TOWN	ROUTE OR ROAD

CONTRACTOR	TOTAL LENGTH

DATE STARTED	DATE COMPLETED	DATE OPEN TO TRAFFIC

1. NAME OF ROAD OR STRUCTURE	SLAB OR ROAD LENGTH	SLAB OR ROAD WIDTH	DESCRIPTION OF IMPROVEMENT
BEGINNING:			
ENDING:			

2. NAME OF ROAD OR STRUCTURE	SLAB OR ROAD LENGTH	SLAB OR ROAD WIDTH	DESCRIPTION OF IMPROVEMENT
BEGINNING:			
ENDING:			

3. NAME OF ROAD OR STRUCTURE	SLAB OR ROAD LENGTH	SLAB OR ROAD WIDTH	DESCRIPTION OF IMPROVEMENT
BEGINNING:			
ENDING:			

MAINTENANCE RESPONSIBILITY: Municipal

AGREEMENT:

COMMENTS:

I hereby certify that the above project was completed in accordance with the final plans and specifications submitted to the Local Bridge Program, except as noted above, as of the Date Completed shown above.

Signature: _____

(Chief Elected Official, Town Manager, or other Officer Duly Authorized)

cc: Bridge Safety