



CONNECTICUT DEPARTMENT OF TRANSPORTATION
LOCAL BRIDGE PROGRAM
Time Extension Request



Bridge Number: _____ **Project Number:** _____

Bridge Location: _____

The Town/City/Borough of _____ hereby requests an extension of the deadline for filing the Supplemental Application for the following reason(s):

Engineer Responsible for Project Design:

Name: _____ Firm: _____

Mailing Address: _____

Telephone Number: _____ Ext _____ FAX: _____

E-Mail: _____

Municipal Information:

Name of Official to Contact: _____

Mailing Address: _____

Telephone Number: _____ Ext _____ FAX: _____

E-Mail: _____

Project Cost Data

	<u>Preliminary</u>	<u>Updated</u>
Preliminary Engineering Fees	\$ _____	\$ _____
Rights-of-Way Cost <i>(If Applicable)</i>	\$ _____	\$ _____
Municipal Utility Relocation	\$ _____	\$ _____
Estimated Construction Costs <i>(Include Detailed Estimate)</i>	\$ _____	\$ _____
Construction Engineering	\$ _____	\$ _____
Contingencies <i>(10% of Construction Costs Only)</i>	\$ _____	\$ _____
Total Estimated Project Cost	\$ _____	\$ _____

LOCAL BRIDGE PROGRAM

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Bridge Location: _____

Scope of Proposed Project:

(Description of the work to be done on the bridge project)

Revised Project Schedule:

(MM/DD/YYYY)

Final Design (Accepted by Municipality)	_____
Public Hearing (Conducted)	_____
Submit Supplemental Application	_____
Construction Advertising	_____
Construction Contract Award	_____
Construction Start	_____
Construction Complete	_____
Audit Submittal	_____

Sincerely,

Signed _____

Date _____

Name: _____

Title _____

Return to: Mr. Marc P. Byrnes or Mr. Andrew C. Shields
Project Engineers for the Local Bridge Program
Connecticut Department of Transportation
P.O. Box 317546
Newington, Connecticut 06131-7546