

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF TRANSPORTATION**

**APPLICATION FOR STATE BRIDGE AID CONSTRUCTION**

*TO THE COMMISSIONER:*

The municipality of \_\_\_\_\_ has raised or appropriated  
\$ \_\_\_\_\_ as its share of the cost for replacing/rehabilitating Bridge No.  
\_\_\_\_\_ on \_\_\_\_\_ (name of highway),  
and hereby requests State Bridge Aid.

Date: \_\_\_\_\_

\_\_\_\_\_  
Chairman, Mayor, Town/City Manager

\_\_\_\_\_  
Selectman

\_\_\_\_\_  
Selectman

RETURN TO: Municipal Highways Engineer  
Bureau of Planning and Community Assistance  
NH Department of Transportation  
PO Box 483, Concord, NH 03302-0483

**NOTE:** Applications shall be considered in the order received by the Commissioner and shall be programmed for construction on the basis of projected funding availability, anticipated design schedule, and other such parameters as the Commissioner may prescribe for scheduling bridge aid projects (RSA 234:6).