

Town of Lakeville Department of Public Works

346 Bedford Street

Lakeville, Massachusetts 02347 (508) 947-9521 PERMIT #:

DATE ISSUED:

EXP. DATE:

TRENCH PERMIT \$25.00 FEE

Pursuant to G.L. c 82A § and 520 CMR 7.00 et seq. (as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Applicant Name:		Phone:
Street Address:		Cell:
City/Town:	State:	Zip:

Name of Excavator (if different from applicant):		Phone:
Street Address:		Cell:
City/Town:	State:	Zip:

Name of Owner(s) of Property:		Phone:
Street Address:		Cell:
City/Town:	State:	Zip:

PLAN OR DRAWING MUST BE INCLUDED

Description, exact location, and purpose of proposed trench: Describe the exact location of the proposed trench and its purpose (include a description of what it is (or is intended) to be laid in proposed trench (e.g., pipes/cable lines etc.)

Insurance Certificate #		
Name and Contact Information of Insurer:		
Policy Expiration Date:	Dig Safe # & Expiration Date:	
Name of Competent Person (as defined by 520 CMR 7.02):		
Massachusetts Hoisting License Number and Restrictions:		

SIGNATURES REQUIRED ON NEXT PAGE

PLEASE READ AND SIGN BELOW

BY SIGNING THIS FORM, THE APPLICANT, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNJCIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER, AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER, AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

APPLICANT SIGNATURE	
	DATE
EXCAVATOR SIGNATURE (IF DIFFERENT)	
	DATE
OWNER'S SIGNATURE (IF DIFFERENT)	
	DATE
For Town Use	Do Not Write In This Section

PERMIT APPROVED.BY	Date	APPLICATION FEE RECEIVED:	
CONDITIONS OF APPROVAL	Date		î. E
		CHECK NUMBER:	

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