Company Name: JLC Construction Competent Person on Work Site: Contact Number: Applicant Name: Work will end (weather permitting) on: Work will begin (weather permitting) on: Substantially as per plan annexed, for the purpose of: driveway Location of Work: Permission is hereby requested to excavate the surface of: TO THE MAYOR AND CITY COUNCIL: 774-263-2197 For Trench/Disturbance Permit within the City of New Bedford DISTURBANCE PERMIT/TRENCH SAFETY PERMIT APPLICATION/AGREEMENT Name & Contact Number of Insurer:___Southeastern Insurance APPROVED BY: /// Grade: Hoisting Equipment License Number: Excavator (s) Name: COMMISSIONOR OF PUBLIC PLANS MAY BE REQUIRED. INFRASTRUCTURE. TRAFFIC MANAGEMENT **AUTHORIZATION FROM THE** ROADWAY CLOSURES WILL REQUIRE @ 508 979-1550 Press 4 Repair PERMIT ENPIRES I YEAR REQUIRED TO NOTIFY THE D.P.L CONTRACTOR/APPLICANT IS NOTICE IS REQUIRED AND THE FOR INSPECTION ONLY A 24 HOUR and/or: **Expiration Date:** Date: Dig Safe# Provide Sketch January 12, 508-997-6061 Private Property DATE: , 2018

This permit shall be posted at the work site, and shall remain until the work is completed. It is subject to inspection at all times.