

APPLICATION / AGREEMENT

For TRENCH PERMIT within the City of New Bedford

Permit #

Dig Safe #

Date Issued:

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.

TO THE MAYOR AND CITY COUNCIL: ☒ TRENCH PERMIT

Permission is hereby requested to excavate the surface of: ☒ Private Property ☐ Unaccepted or private street

Location of work:

Substantially as per plan annexed, for the purpose of:

Work will begin (weather permitting) on:

Work will end (weather permitting) on:

Applicant Name:

Company Name:

Contact Name:

Excavator(s) Name:

Hoisting Equipment License Number:

Grade:

Expiration Date:

Name & Contact Number of Insurer:

Approved By:

Date:

Title:

Roadway closures will require authorization from the Commissioner of Public Infrastructure.

Traffic management plans may be required. For inspection, 24-hour notice is required and the Contractor / Applicant is required to notify the D.P.I. @ 508-979-1550 Press 4 Repair. Permit Expires in 3 Months from work start date.

Provide Sketch

Commonwealth of Massachusetts
Division of Professional Licensure

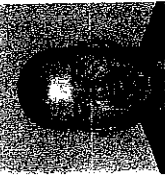


Hoisting Engineer

HE-166212

Expires: 03/16/2023

MICHAEL ATKINS
647 HIGHLAND AVE
NORTH DARTMOUTH



Commissioner *Layla R. DeMille*