



TOWN OF BOXFORD

MASSACHUSETTS

01921

DEPARTMENT OF PUBLIC WORKS

7B Spofford Road Boxford, MA 01921

John C. Dold, P.E.
D.P.W. Superintendent

Phone: 978-352-6555
Fax: 978-352-5558

Application Date: _____

Start Date: _____

Completion Date: _____

PERMIT FOR STREET OPENING/RIGHT-OF-WAY CUT VALID FOR 30 CALENDAR DAYS ONLY

Application must be fully completed, including required plans, prior to consideration. Five business days required for processing.

Name of Applicant: _____

Phone No: _____

Company: _____

Emergency Phone: _____

Address: _____

PO Box or Street No. and Name

City

State

Zip Code

Work Being Performed For: _____

Location of Work: _____

Street No. and Name

Dig Safe Number: _____

Surface Type: _____

Length/Width/Type of Cut: _____

THE TOWN REQUIRES FORTY-EIGHT (48) HOURS NOTICE BE GIVEN TO THE OFFICE OF PUBLIC WORKS BEFORE THE COMMENCEMENT OF EXCAVATION, BACKFILL AND PLACEMENT OF OR PERMANENT PAVEMENT.

This permit is issued for the authorizing the above named applicant to work within:
Please Check Appropriate Boxes.

Public Right -of -Way () Public Easement () Other_____

For the Purpose of: Installing () Repairing () Other_____

Gas () Drainage () Conduit/Cable () Curb/Gutter ()

Remarks:_____

The undersigned applicant being familiar with the requirements of the Town of Boxford Department of Public Works does hereby agree to perform all work in compliance with the regulations and specifications as set forth in the DTE 98-22 Standards.

Applicants Signature:_____ **Date:**_____

Please Do Not Write Below This Line

Additional Requirements by D.P.W. (If Any):_____

Approvals

D.P.W. Superintendent:_____ **Conservation Director**_____

Date:_____

Date:_____

Permit Fee: \$_____

Street opening fee is \$50.00 per road

Board of Selectmen: _____

Date:_____

Date:_____

Date:_____