

TOWN OF BOXFORD

MASSACHUSETTS 01921

DEPARTMENT OF PUBLIC WORKS 7B Spofford Road Boxford, MA 01921

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

Spofford Road Boxford, MA 01921

Phone: 978-352-6555

Fax: 978-352-5558

		Permit No		
		Application Date:		
		Start Date:		
		Completion Date:		
	NEATTA COLOR	NE HUAN CUITE VALVES NOT CO	Z 1 F F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F	
EKMII FUK SIKEET OP	<u>ENING/KIGHT-U</u>	OF-WAY CUT VALID FOR 30	CALENDAK DAYS ONLY	
		ing required plans, prior to co	onsideration. Up to 20 busin	
days may be required for processing Name of Applicant:		Phone No:		
Company:		Emergency Phone:		
Address:				
	PO Box o	r Street No. and Name		
	City	State	Zip Code	
Vork Being Performed Fo	r:			
ocation of Work:				
		Street No. and Name		
Dig Safe Number:		Surface Type:		
ength/Width/Type of Cut	:			
3	-			

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 Ease	sement () Other	
For the Purpose of: Installing () Rep	pairing () Other	
Gas () Drainage () Con	nduit/Cable () Curb/Gutter ()	
The undersigned applicant being familiar with th of Public Works does hereby agree to perform al specifications as set forth in the DTE 98-22 Stan		
Applicants Signature:	Date:	
Please Do Not Write Below This Line		
	r):	
D.P.W. Superintendent:	Conservation Director	
Date:	Date:	
Permit Fee: §		
Street opening fee is \$50.00 per road		
Board of Selectmen:		
Charles Costello	Date:	
Mary Ann Nay	Date:	
Peter Perkins	Date:	
Stephen Davis	Date:	
Preston Galarneau	Date:	