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MAYOR

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PRIVATE PROPERTY TRENCH PERMIT

PERMIT FEE \$50.00

DATE OF REQUEST: _____

DATE OF ISSUANCE: _____

NUMBER OF PLANS TO BE REVIEWED: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ PHONE: _____ FAX: _____

PROJECT NAME: _____

LOCATION: _____

DIG SAFE # _____

EXCAVATION DESCRIPTION: _____

For the reason of: _____

PLEASE INCLUDE AN APPROPRIATELY SCALED PLAN OR SKETCH OF THE WORK

The undersigned hereby represents a working knowledge of, and agrees to comply with, all pertinent City Ordinances (attached); including, but not, limited to, Sec 24-27, which references MGL Chapter 82A, Section 2.

Printed Name

Signature

Date