TOWN OF NORTON
HIGHWAY DEPARTMENT
70 EAST MAIN STREET
NORTON, MA 02766
508-285-0237
508-285-0238-FAX
highway@nortonmaus.com

PERMIT FEE:	\$50.00
EXPIRATION DATE:	p (1)
DATE ISSUED:	*** **********************************
PERMIT NUMBER:	

TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 7.00 et seq.(as amended)
THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Name of Applicant		-		Phone	Cell	
Street Address		•				
City/Town	MA	ZIP	· · · · · · · · · · · · · · · · · · ·			
Name of Excavator (if different from applicant)		t)	Phone	Cell		
Street Address	:	4.				
City/Town	MA	ZIP			· · · · · · · · · · · · · · · · · · ·	MANAGEMENT, all his highly and his highly and highly an
Other Contact	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, AND ADDRESS OF THE OW	<u> </u>	Permit Fe	e Received	No () Yes (1
Description, location a	and purpose o	f propose	d trench:		The state of the s	**************************************
is needed.	iii piopossa t	enon (eg	, pipes/cable	imes etc) r	riease use reverse si	de if additional space
·						
,						
Insurance Certificate	# :	-			, , , , , , , , , , , , , , , , , , , ,	
Name and Contact In	formation of Ir	isurer:				**************************************
Policy Expiration Date):					Wester the transfer of the tra
Dig Safe #:				Article of the second s		The first of the same field in the first start of the same start o
Name of Competent I	Person (as de	fined by 5	20 CMR 7.02	2):	Marie and the state of the stat	

Massachusetts Hoisting License #	
Lícense Grade:	Expiration Date:

BY SIGNING THIS FORM, THE APPLICATIN, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERNING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEAURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY ANDA LL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

APPLICANT SIGNATURE			·
	DATE		nonnonnone
EXCAVATOR SIGNATURE (IF DIFFERENT	")		
***************************************	DATE		**** ***
OWNER'S SIGNATURE (IF DIFFERENT)			
the state of the s	DATE		PS\$44spablinia
For City/Town u	use Do not write in th	nis section	productive productive (all fields of the control of
PERMIT APPROVED BY:		\$	Application Fee
PERMITTING AUTHORITY	Date		washingtoning
CONDITIONS OF APPROVAL			