



TOWN OF EASTON
APPLICATION FOR STREET OPENING PERMIT

PERMIT NO.: _____

LOCATION/PROPERTY ADDRESS
OWNER
LICENSED CONTRACTOR (Company Name)
CONTACT NAME
CONTACT PHONE
EMERGENCY PHONE NUMBER (24 hours)
LICENSE NUMBER PHONE

PERMIT TYPE: (Check One)
Excavation
Curb Cut
Other
DIG SAFE #
EMERGENCY
Yes
No
ESTIMATED TRENCH SIZE:
ESTIMATED DEPOSIT:\$
EXEMPTION CLAIMED:
Yes
No
EXPECTED DATE OF WORK:

THE APPLICANT HAS READ, UNDERSTANDS, AND AGREES TO THE FOLLOWING TERMS OF THIS PERMIT:

- 1. Applicant, by his/her signature in the space provided below, acknowledging the benefit conveyed to Applicant by the receipt of the Street Opening Permit hereby covenants and agrees with the Town of Easton to defend, indemnify and hold harmless the Town of Easton and all of its officers, employees and agents of and from any and all claims, demands, suits or other proceedings and from any and all liabilities arising or claimed to have arisen out of, or to be in anyway related to: (i) this Application, (ii) any street opening work as defined in the Street Opening By-Law or (iii) any action of failure to act by Applicant, its officers, employees, agents or contractors in connection with any work performed or failed to be performed by or on behalf of Applicant in or under any Public Way in the Town of Easton.
2. All work performed under this permit is to be done in accordance with the latest revision of the Town of Easton Street Opening By-Law and the Department of Public Works Design and Construction Standards.
3. Prior to excavation, the Licensed Contractor must call the Easton Water Division at (508) 230-0850 to mark the water lines at the site. The Licensed Contractor must also call DIG SAFE for marking of other utilities. DIG SAFE DOES NOT CALL THE EASTON WATER DIVISION.
4. The Licensed Contractor shall arrange for inspections a minimum of (24) hours in advance by calling (508) 230-0800. Inspections are required (1) prior to backfilling the excavation, (2) following completion of the temporary patch, and (3) during the placement of permanent patch.
5. Special Conditions:
Controlled Density Fill Required
Infra-Red Required
Other

APPLICANTS SIGNATURE _____ DATE _____

OFFICE USE ONLY

Table with columns: YES, N/A, Date, FEES (See Schedule): Application Fee, Refundable Deposit, After Hours Inspection Fee, Total.

NOTES:

DEPARTMENT OF PUBLIC WORKS APPROVAL FOR PERMIT:
Signature _____ Date _____

INSPECTOR FINAL APPROVAL:

Signature _____ Date _____