



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

	YES	N/A	Date	FEES (See Schedule):	
Inspection prior to backfill	_____	_____	_____	Application Fee:	\$ _____
Temp patch installed/inspected	_____	_____	_____	Refundable Deposit:	\$ _____
Perm patch installed/inspected	_____	_____	_____	After Hours Inspection Fee:	\$ _____
Final inspection	_____	_____	_____	Total:	\$ _____
Refundable deposit returned	_____	_____	_____		

NOTES:

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

INSPECTOR FINAL APPROVAL:
Signature _____ Date _____