

Town of Lakeville 346 Bedford Street Lakeville, MA 02347

TRENCH PERMIT

Pursuant to G.L. c 82A and 520 CMR 14.00

Board of Health

			PERMIT #
\$25.00 fe	е		DATE ISSUED:
Check #			EXPIRATION DATE:
Name of Applicant:			
Street Address:			
Town:	MA	Zip:	
Phone:			
Cell:			
Name of Excavator (if	different from a	applicant)	
Street Address			
Town:	MA	Zip:	
Phone:			
Cell:			
Description location	and nurnose of	proposed t	rench: (use reverse if additional space is needed)
Please describe the exa	act location of the	e proposed t	trench and its purpose, include a description (eg; pipes. Cable line etc.)
,			(
Insurance Certificate	<u> </u>		
Name and Contact Inf		urer:	
Policy expiration date	:		
Dig Safe #			
Name of Competent P	erson: as defined	1.52 CMR 14.02)

Massachusetts Hoisting License #					
License Grade:					
Expiration Date:					
By signing this form, the applicant, 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 14:00 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 per undertake such work on the property of the owner, and also, for the authorizes persons duly appointed by the municipality to enter upor and inspect the work for conformity with the conditions attached and regulations governing such work	duration of construction, or the property to monitor				
The undersigned applicant, owner an excavator agree to jointly and the municipality for any and all costs and expenses incurred by the reconnection with this permit and the work conducted thereunder.Incluenforcing the requirements of state law and conditions of this permit assure compliance therewith, and measures taken by the municipality public where the applicant owner or excavator has failed to comply the details and other remedial measures deemed necessary by the municipality.	municipality in uding but not limited to inspections made to ity to protect the therewith including police				
The undersigned applicant, owner and excavator agree to jointy and severally to defend, indemnify, and hold harmless the municipality and all iof 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				
EXCAVATOR SIGNATURE (if different)	DATE				
OWNER'S SIGNATURE (if different)	DATE				
For Town use- do not write in this section					
PERMIT APPROVED BY:	\$25.00 Application Fee				
DATE APPROVED CONDITIONS OF APPROVAL: ALL SITE WORK MUST MEET OSHA & M.G.L. TRENCHING					

REQUIREMENTS & BE SUPERVISED BY "COMPETENT PERSON". (52 CMR 14.02)