

TOWN OF BELLINGHAM
PUBLIC UTILITY (ONLY)
STREET OPENING PERMIT APPLICATION

APPLICANT INFORMATION:

APP. DATE: _____

APPLICANT: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
TELEPHONE: _____ EMERGENCY PHONE: _____
EMAIL ADDRESS: _____

PROJECT & LOCATION INFORMATION:

LOCATION & PROJECT DESCRIPTION: _____ _____	
DIG-SAFE # _____	DIG SAFE START DATE: _____



UTILITY POLE RELOCATION

I, _____ being the _____
PRINT NAME _____ TITLE _____
of _____ COMPANY NAME _____

am applying for this permit. I have read, understand, and agree to comply with, the Bellingham Street Opening Specifications and Trench Safety requirements (MGL 82A, 520 CMR 7.00, OSHA Regulations), along with any special conditions and requirements attached to this PERMIT Application. I understand that by applying for this PERMIT, I am obligated to perform the roadway repair or improvement construction described in the attached documents and I shall well, truly and faithfully perform it's duties, all the undertakings, covenants, terms, conditions, and agreements of this PERMIT and related Street Opening Permit Rule, Regulations, Specifications, and Policies and during the one year guaranty period, and if he shall satisfy all claims and demands incurred performing work under the PERMIT.

Signed: _____ Date: _____

XXXXXXX

SHADED AREA TO BE COMPLETED BY THE DPW

XXXXXX

REVIEWED BY DPW FOREMAN _____ **INITIALS** _____ **DATE**

REVIEWED BY DPW ASST DIR _____ **INITIALS** _____ **DATE**

REVIEWED AND APPROVED BY _____ **Date** _____

DPW DIRECTOR