

# 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	
<p>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.</p>	
Signed: _____ Date: _____	

XXXXXXX

SHADED AREA TO BE COMPLETED BY THE DPW

XXXXXXX

<b>REVIEWED BY DPW FOREMAN</b> _____	<b>INITIALS</b> _____	<b>DATE</b> _____
<b>REVIEWED BY DPW ASST DIR</b> _____	<b>INITIALS</b> _____	<b>DATE</b> _____
<b>REVIEWED AND APPROVED BY</b> _____ <b>Date</b> _____		
DPW DIRECTOR		