



**DEPARTMENT OF PUBLIC WORKS
TOWN OF WAYLAND**

*Entrusted To
Manage The
Public
Infrastructure*

TOWN PROPERTY FEATURE PERMIT

Name: _____ **Organization:** _____ **Date:** _____

Address: _____ **Phone #:** _____ **Email:** _____

Back-up Contact: _____ **Back-up Phone or Email:** _____

Description of Request: _____

Location of Request: _____

IMPORTANT – PROCEDURE AND POLICIES

In order to assure complete follow-through with your request, the following policies and procedures have been adopted and must be abided by:

1. The DPW must pre-approve your request prior to any action being made.
2. The applicant must maintain the designated area of request. If this area becomes unruly or unsightly per the DPW's observations, the DPW will contact the Applicant and/or Back-up to remedy this. If there is no response or action within two weeks, the DPW will remove or reverse the specific area to its original or safe condition.
3. If the DPW finds that the requested installation creates a safety hazard, for example; an impeded sight line for traffic, the DPW will contact Applicant to take immediate action to rectify this.
4. The DPW has the right to remove or change Applicant's Feature at any time.
5. Applicant agrees to release the Town of Wayland and the Wayland Department of Public Works from any and all claims, rights of action and causes of action associated with any personal injuries or property damage resulting from participation in this requested activity.

I have completed and reviewed the Permit Application and agree to the above conditions for my request:

Signature _____ **Date:** _____

Special Conditions per DPW:

CONFIRMATION: Approved: _____ Not Approved: _____ **By:** _____ **DPW Date:** _____