



TOWN OF WAYLAND
MASSACHUSETTS
01778
HIGHWAY DEPARTMENT

TOM HOLDER
DIRECTOR OF DEPARTMENT of PUBLIC WORKS
66 River Road
WAYLAND, MA 01778

tholder@wayland.ma.us
ghughes@wayland.ma.us

MUNICIPALITY: **TOWN of WAYLAND**
Permit Issued By (permitting authority)
Department of Highway Operations
Address **66 River Road**
City/Town **WAYLAND, MA 01778**

Permit Number _____
Date Issued _____
Expiration Date _____
Phone Number (508) 358.3672
FAX Number (508) 358.4082

TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 7.00 et seq. (as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

| | |
|-------------------|--------------|
| Name of Applicant | Phone Number |
| Street Address | Cell Number |
| | FAX Number |

| | | |
|-----------|----|-----|
| City/Town | MA | ZIP |
|-----------|----|-----|

| | |
|-------------------------------------------------|--------------|
| Name of Excavator (if different from Applicant) | Phone Number |
| Street Address | Cell Number |

| | | |
|-----------|----|-----|
| City/Town | MA | ZIP |
|-----------|----|-----|

| | |
|---------------------------------------------------------|-------------------|
| Name of Property Owner(s) (if different from Applicant) | Home Phone Number |
| Mailing Address | Cell Number |
| | Work Number |

| |
|-------------------------------------------|
| Location of Trench on the Property |
|-------------------------------------------|

| | |
|---------------|---------------------------------------------------|
| Other Contact | \$25.00 Permit Fee Received YES [] NO [] |
|---------------|---------------------------------------------------|

Description, Location, and Purpose of proposed Trench

Please describe the exact location of the proposed trench and its purpose (including a description of what is *(or is intended)* to be laid in proposed trench (i.e.: pipes/cable lines, etc.) Please use reverse side if additional space is needed.

Insurance Certificate Number:

Name and Contact Information of Insurer:

Policy Expiration Date:

Dig Safe Number:

Name of Competent Person (as defined by 520 CMR 7.02

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 7.00 et seq., 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 PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERNING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER, AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THERE-UNDER, INCLUDING BUT NOT LIMITED TO, ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THERE-WITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT, OWNER, OR EXCAVATOR HAS FAILED TO COMPLY THERE-WITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER, AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, ABUSES OF 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 City/Town use only – Do not write in this Section

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| PERMIT APPROVED BY: | DATE: |
| PERMITTING AUTHORITY: | \$25.00 Permit Fee |
| CONDITIONS of APPROVAL: <ul style="list-style-type: none">• <u>DO NOT LEAVE TRENCH UNATTENDED</u>• Contractor/Excavator must provide protection or barrier to the Town's roadway while equipment is being operated, transported, loaded, or unloaded within the roadway or Town's right-of-way.• Contractor/Excavator will be responsible for any damage incurred to Town's infrastructure as a result of work under this permit, and the Town shall seek recourse for all cost to bring right of way back to pre-construction conditions. | |