



DO NOT WRITE IN THIS BOX PERMIT NUMBER
DATE

**WAYLAND DEPARTMENT of PUBLIC WORKS - HIGHWAY DIVISION
PHYSICAL ALTERATION PERMIT APPLICATION**

type or print

APPLICANT (PERMITTEE) _____
 PRINT NAME _____ SIGNATURE AND DATE _____
 _____ PHONE NUMBER _____

PROPERTY OWNER _____
 PRINT NAME _____ SIGNATURE AND DATE _____
 _____ PHONE NUMBER _____
 PROPERTY OWNER'S ADDRESS _____

DEVELOPER (CONTRACTOR) _____
 PRINT NAME _____ SIGNATURE AND DATE _____
 _____ PHONE NUMBER _____
 DEVELOPER'S ADDRESS _____

ENGINEER _____
 PRINT NAME _____ SIGNATURE AND DATE _____
 _____ PHONE NUMBER _____
 ENGINEER'S ADDRESS _____

TYPE OF APPLICATION: SINGLE FAMILY _____ ALL OTHERS _____

LOCATION OF WORK _____
 (BE SPECIFIC - HIGHWAY, MUNICIPALITY, STATION, POLE NUMBERS, ETC.)

PURPOSE OF PERMIT _____
 ATTACH SEPARATE SHEET IF NECESSARY

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION UNDER THE AUTHORITY OF THE MASSACHUSETTS GENERAL LAWS.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

WAYLAND DEPARTMENT of PUBLIC WORKS - HIGHWAY DIVISION - PHYSICAL ALTERATION PERMIT

This permit is valid for one year from the date of approval; and it is subject to the conditions listed below and/or attached.

ORDERS of CONDITION:

APPROVED
 DENIED

DATE: _____ SUPERINTENDENT of HIGHWAY DIVISION