



TOWN OF MAYNARD Department of Public Works

MUNICIPAL BUILDING

195 Main Street

Maynard, MA 01754

Tel: 978-897-1317 Fax: 978-897-7290

www.townofmaynard-ma.gov

PERMIT NUMBER:

DATE

ISSUED:

Justin DeMarco
Director of Public Works

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

FEE: \$175.00 FOR FIRST 30 FT; \$2.00 FOR EACH ADDITIONAL FT

Name of Applicant:			Phone:	Cell:
Street Address:				
City/Town:	MA	ZIP	Email:	
Name of Excavator (if different from applicant):			Phone:	Cell:
Street Address:				
City/Town:	MA	ZIP	Email:	
Name of Owner(s) of Property:			Phone:	Cell:
Street Address:				
City/Town:	MA	ZIP	Email:	
Other Contact:		Permit Fee Received: Yes / No		
Description, location, and purpose of proposed trench: Please describe the exact location of the proposed trench and its purpose (include a description of what is (or is intended) to be laid in proposed trench (e.g., pipes/cable line etc...) Please use reverse side if additional space is needed.				
Insurance Certificate #:				
Name and Contact Information of Insurer:				
Policy Expiration Date:				
Dig Safe #:				
Name of Competent Person (as defined by 520 CMR 7.02):				

Massachusetts Hoisting License	Expiration Date:
#: License Grade:	

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 PERSON DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITER 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 SEVERELY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COST AND EXPENSIVE INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAD FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY. \

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERELY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR 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.

APPLICANTS WILL BE REQUIRED TO FOLLOW ALL APPLICABLE OSHA REGULATIONS AND CONDITIONS AND REQUIREMENTS PERSUANT TO G.L. c. 520 cmr 7.00.

APPLICANT SIGNATURE:

DATE: _____

EXCAVATOR SIGNATURE (IF DIFFERENT):

DATE: _____

For City/Town use – Do not write in this section	
PERMIT APPROVED BY:	\$ _____ Application Fee
PERMITTING AUTHORITY:	DATE:
CONDITIONS OF APPROVAL	
FEES: ADMIN FEE: \$25.00 PERMIT FEE: \$150.00	