



**TOWN OF BILLERICA**  
**Department of Public Works**  
 Town Hall, 365 Boston Road  
 Billerica, Massachusetts 01821  
 PH: (978) 436-9178 FAX: (978) 671-0906

Application Date: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Completion Date: \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_

**PERMIT FOR STREET/RIGHT OF WAY OPENING AND CURB CUT - VALID 30 CALENDAR DAYS ONLY**

Application must be fully completed, including required plans, prior to consideration. Five (5) Business days required for processing.

NAME OF APPLICANT: \_\_\_\_\_ COMPANY: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

WORK BEING PERFORMED FOR: \_\_\_\_\_  
 PROJECT LOCATION: \_\_\_\_\_ DIGSAFE #: \_\_\_\_\_ DIGSAFE DATE: \_\_\_\_\_  
 TRENCHING PERMIT #: \_\_\_\_\_ (MUST ATTACH COPY OF TRENCHING PERMIT)

STREET ADDRESS	SURFACE TYPE	LENGTH / TYPE OF CUT
<b>THE TOWN REQUIRES THAT FORTY-EIGHT (48) HOURS NOTICE BE GIVEN TO THE DPW OPERATIONS SUPERVISOR BEFORE COMMENCEMENT OF ANY WORK, INCLUDING SAWCUTTING, EXCAVATION, BACKFILL, OR ANY PATCHING.</b> <b>CONTRACTOR MUST CALL 978-436-9178 PRIOR TO BEGINNING WORK.</b>		

THIS PERMIT IS ISSUED FOR THE PURPOSE OF AUTHORIZING THE ABOVE NAMED APPLICANT TO WORK WITHIN: ( ) PUBLIC RIGHT-OF-WAY ( ) PUBLIC EASEMENT ( ) OTHER \_\_\_\_\_

( ) INSTALLING ( ) REPAIRING ( ) EMERGENCY REPAIRING OTHER: \_\_\_\_\_  
 ( ) GAS ( ) WATER ( ) SEWER ( ) DRAINAGE OTHER: \_\_\_\_\_  
 ( ) CURB AND GUTTER / SHOULDER ( ) SIDEWALK ( ) DRIVEWAY OTHER: \_\_\_\_\_  
 ( ) SERVICE ( ) MAIN

REMARKS: \_\_\_\_\_

THE UNDERSIGNED APPLICANT BEING FAMILIAR WITH THE REQUIREMENTS OF THE TOWN OF BILLERICA DPW DOES HEREBY AGREE TO PERFORM ALL WORK IN COMPLIANCE WITH THE POLICIES, REGULATIONS AND SPECIFICATIONS AS SET FORTH AND TO ADHERE TO THE REQUIREMENTS SPECIFIED BY THE DPW.

APPLICANT SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 FOR: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**ADDITIONAL REQUIREMENTS:**

( ) OVERLAY ( ) MILL AND OVERLAY ( ) COMPACTION TESTS  
 ( ) REGRAVEL ( ) LINE STRIPE ( ) SELECT BACKFILL  
 ( ) PLANS ( ) FLOWABLE FILL ( ) INFRA RED REPAIR  
 ( ) OTHER: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPROVALS:**

\$ _____ PERMIT FEE	CHECK # _____	STREET OPENING _____	OPERATIONS SUPERVISOR _____	DATE _____
		CURB CUT _____	TRAFFIC SAFETY OFFICER _____	DATE _____
\$ _____ SURETY	CHECK # _____	STREET CLOSING _____	TRAFFIC SAFETY OFFICER _____	DATE _____

CC: ( ) HIGHWAY ( ) WATER ( ) SEWER ( ) ENGINEERING