



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
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. CONTRACTOR MUST CALL 978-436-9178 PRIOR TO BEGINNING WORK.		

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: STREET OPENING _____ OPERATIONS SUPERVISOR _____ DATE _____
 CURB CUT _____ TRAFFIC SAFETY OFFICER _____ DATE _____
 TAX OFFICE _____ APPROVED BY _____ DATE _____

\$ _____ PERMIT FEE CHECK # _____
 \$ _____ SURETY CHECK # _____

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