TOWN: Dover, MA

FORM: Street Opening

DATE LAST REVISED: 5/18/09

FORM INSTRUCTIONS:

Fill out the form completely and return it to the Superintendent of Streets in the Town Garage between the hours of 8am-4pm Monday-Friday. There is a fee. Contact the Superintendent of Streets for the amount of the fee. Phone: 508-785-0058

Your permit will be reviewed and approved within 48 hours. You will be notified by the Superintendent of Streets when the permit is ready for pickup.
STREET EXCAVATIONS

Dig Safe No. __________________________
Water Dept. Notified __________________
Scenic Road Hearing __________________

Town of Dover Massachusetts
Application for Street Opening Permit

No. __________________________ Date __________________________

To the Licensing Authorities:
In accordance with the provisions of the statutes relating thereto, application for a permit is here made by

______________________________ (Full name of person, firm or corporation making application)

To __________________________
Location __________________________
Type of Construction __________________________
Length __________ Width __________ Depth __________
Date of proposed construction: Start _______ Duration _______ Days

Owner of property __________________________
Address of property owner __________________________

______________________________ Location by street and number

The applicant hereby acknowledges and agrees to comply with the Town of Dover Regulations for Street Excavations which are incorporated herein by reference.

______________________________ __________________________
Signature of Applicant Telephone Number

______________________________ __________________________
Address Permit Issued _______ Bond Number __________________________
Inspected _______ Amount __________________________
Approved _______ Expires __________________________
Fee __________________________

Show sketch of proposed work on back of application or attach plans

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