



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 statues 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