CITY OF WALTHAM STREET OPENING PERMIT APPLICATION



| CONTRACTOR NAME: | PHONE: | | |
|---|--------------|-----------|--------------|
| BUSINESS ADDRESS: | FAX: | | |
| | | | |
| EMAIL ADDRESS: | | | |
| SIGNATURE: | | | |
| CERTIFICATE OF INSURANCE: | E BOND: | ☐ YES | □ NO |
| DIG SAFE NUMBER: | | | |
| PROPERTY ADDRESS: | | | |
| ADDRESS OF WORK TO BE DONE: | | | |
| STREET LAST PAVED: HOUR RESTRICTIONS: | | | |
| SCOPE OF WORK TO BE DONE: | | | |
| ☐ STREET OPENING ☐ EMERGENCY ☐ INSE | PECTION RE | QUIRED | |
| ☐ WATER/SEWER ☐ ENGINEERING | | □ отне | R |
| CITY COUNCIL APPROVAL REQUIRED? | RDER #: | | |
| ** It is the responsibility of the approved contractor to know if their work fall | s under "Th | e Wetlan | ds |
| Protection Act" 781-314-3845 | | | |
| CONSERVATION APPROVAL REQUIRED? YES NO | | | |
| ** If the applicant is using a soil boring machine applicant will contact the City | y Engineerir | ng Depart | ment so |
| that they may mark City <u>drain lines</u> are marked out in addition to the water an | | | |
| SPECIAL RESTRICTIONS TO BE NOTED: | | | |
| | | | |
| *FOR CITY OFFICIAL USE ONLY* ENGINEERING APPROVAL (PLANS APPROVED) | | | |
| | | | |
| WATER / SEWER / DRAIN MARKOUT DATE: | | | |
| APPROVAL TO ISSUE STREET OPENING PERMIT: CPW DESIGNE | | | |
| DATE OF APPROVAL: | | REVISED | 09/27/2021 |
| 167 LEXINGTON STREET, WALTHAM, MA 02452 PHONE: 78 | 31-314-3800 | | 781-314-3808 |

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