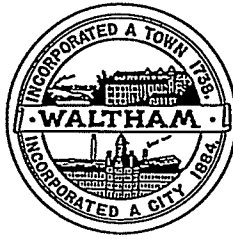


CITY OF WALTHAM STREET PERMIT APPLICATION



CONTRACTOR/COMPANY INFORMATION:

POD: YES NO DUMPSTER: YES NO SIDEWALK BARRIER/STAGING: YES NO

NAME: _____ PHONE: _____

(please print name)

ADDRESS: _____ E-MAIL: _____

CERTIFICATE OF INSURANCE: YES NO

INSURANCE BOND: YES NO

PERMIT REQUESTED BY:

NAME: _____ PHONE: _____

(please print name)

ADDRESS: _____ E-MAIL: _____

LOCATION INFORMATION:

NAME: _____

BEGIN DATE: _____ END DATE: _____ HOUR RESTRICTIONS: _____

SPECIAL RESTRICTIONS NOTE: _____

POLICE DETAIL REQUIRED: YES NO

Approval to issue street opening permit: CPW Designee _____
(781) 314-3800 Fax (781) 314 -3808

Date of Approval: _____

REVISED 01/14/2014