

**TOWN OF PEPPERELL**

Highway Division, DPW  
45 Lowell Road  
Pepperell, Massachusetts 01463  
Tel. (978) 433-5735  
Fax (978) 433-0312

**ROAD OPENING PERMIT APPLICATION  
FOR EXCAVATION OR TRENCHING IN PUBLIC WAYS ONLY**

Date: \_\_\_\_\_

**APPLICANT:** (Complete this section only if different than Contractor performing the work)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Person (if different from name listed above) \_\_\_\_\_

**CONTRACTOR:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Person (if different from the name listed above) \_\_\_\_\_

Name of person performing the excavation (if different from name listed above) \_\_\_\_\_

Name of competent person to be at the worksite (as defined by 520 CMR 14.02) \_\_\_\_\_

Massachusetts Hoisting Equipment License Information;

License Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name and contact information of insurer (a valid, current certificate of insurance must be attached);

\_\_\_\_\_

**DETAILS OF EXCAVATION OR TRENCHING**

Exact Location of Excavation – Street: \_\_\_\_\_ House Number: \_\_\_\_\_ to \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Length of Cut: \_\_\_\_\_ Depth of Cut: \_\_\_\_\_

Start Date: \_\_\_\_\_ Estimated Working Days: \_\_\_\_\_

**NOTIFICATION DATES:**

Dig Safe: \_\_\_\_\_

Fire Department: \_\_\_\_\_

Police Department: \_\_\_\_\_ Detail Officer Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Highway Superintendent \_\_\_\_\_

**NOTE:** Application must be completed and submitted to the Highway Department, either at the Lowell Road Highway Garage or at the DPW Office in Town Hall, no less than 48 hours before work begins.