



TOWN OF RICHMOND

Richmond, Massachusetts

OFFICE
BOARD OF SELECTMEN

APPLICATION FOR A STREET OPENING PERMIT (FEE- \$10)

NAME _____

COMPANY NAME (IF APPLICABLE) _____

ADDRESS _____

PHONE _____

DATE OF APPLICATION _____

DATE OF PROPOSED WORK _____

LOCATION OF WORK _____

PROVIDE BELOW A COMPLETE WRITTEN DESCRIPTION OF THE PROPOSED WORK. ATTACH DRAWINGS, PLANS OR MAPS AND ADDITIONAL SHEETS, AS NEEDED.

STREET OPENING PERMIT

THE BOARD OF SELECTMEN, PURSUANT TO SECTION 3 D OF CHAPTER X OF THE TOWN BYLAWS, HEREBY GRANTS TO THE ABOVE-NAMED INDIVIDUAL A PERMIT TO CONDUCT THE ACTIVITIES AS DESCRIBED IN THIS APPLICATION. PRIOR TO STARING WORK, THE APPLICANT MUST SUBMIT PROOF OF WORKERS COMPENSATION AND LIABILITY INSURANCE AND MUST CONTACT DIG SAFE AT 1-800-322-4844 AND PROVIDE TO THE DPW SUPERINTENDENT THE ASSIGNED DIG SAFE NUMBER. THE SELECTMEN RESERVE THE RIGHT TO IMPOSE ADDITIONAL CONDITIONS.

DATE _____

BOARD OF SELECTMEN