



MUNICIPALITY NORTH READING

Permit issued by (permitting
authority) #235 NORTH STREET Street
NORTH READING, Massachusetts 01864
Phone (978)357-5240
FAX (978)664-1713

Permit Number _____

Date Issued _____

Expiration Date _____

TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 7.00 et seq.(as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Name of Applicant			Phone		Cell	
Street Address						
City/Town	MA	ZIP				
Name of Excavator (if different from applicant)			Phone		Cell	
Street Address						
City/Town	MA	ZIP				
Name of Owner(s) of Property			Phone		Cell	
Street Address						
City/Town	MA	ZIP				
Other Contact			Permit Fee Received No () Yes ()			
Description, location and purpose of proposed trench: Please describe the exact location of the proposed trench and its purpose (include a description of what is (or is intended) to be laid in proposed trench (eg; pipes/cable lines etc..). Please use reverse side if additional space is needed.						
Insurance Certificate #:						
Name and Contact Information of Insurer:						
Policy Expiration Date:						
Dig Safe #:						
Name of Competent Person (as defined by 520 CMR 7.02):						