

## Town of North Reading

Permit issued by: Health Department 235 North Street North Reading, Massachusetts 01864 Phone (978) 357-5242 FAX (978) 664-1713 Permit Number \_\_\_\_\_

Date Issued

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

FEE: \$25.00

## 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 Street Address			Phon	e Cell	
Street Audress					
City/Town	MA	ZIP			
Name of Excavator (if different from applicant)			Phon	e Cell	
City/Town	MA	ZIP			
	IVIA				
Name of Owner(s) & Address of Property			Phon	e Cell	
		1			
City/Town	MA	ZIP			
Other Contact Permit Fee Received No ( ) Yes ( )					
Description, address and pu		_	ita mumbaa	(include a decorintion of what is (on is intended) to	
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 #: Enclose copy of Insurance:					
Name and Contact Informa	tion of Insu	rer:			
Policy Expiration Date:					
Dig Safe #:					
Name of Competent Person	(as defined	by 520 CMR 7.02):			
Massachusetts Hoisting Lic	ense #			Expiration Date:	

License Grade:	

BY SIGNING THIS FORM, THE APPLICANT, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

**APPLICANT SIGNATURE** 

\_\_\_\_\_ DATE \_\_\_\_\_

**EXCAVATOR SIGNATURE (IF DIFFERENT)** 

\_\_\_\_\_ DATE \_\_\_\_\_

**OWNER'S SIGNATURE (IF DIFFERENT)** 

\_\_\_\_\_DATE:\_\_\_\_\_

For City/Town use Do not write in this section				
PERMIT APPROVED BY				
PERMITTING AUTHORITY Date	\$			
CONDITIONS OF APPROVAL	\$			

CONDITIONS AND REQUIREMENTS PURSUANT TO G.L.C.82A AND 520 CMR 7.00 et seq. (as amended)