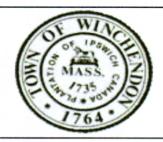


The Commonwealth of Massachusetts Pursuant to G.L. c. 82A and 520 CMR 14.00 et seq. (as amended)



TRENCH PERMIT APPLICATION - \$100.00 PERMIT FEE

SECTION 1 - SITE INFORMATION			
DIG SAFE #			
1.1 PROPERTY ADDRESS		1.3 DESCRIPTION,LOCATION PURPOSE OF TRENCH	
St	reet Name		
		1.4 ANTICIPATED DATE TO BEGIN TRENCH OPERATION	
City/Town	Zip Code		
	1.2 MAP		
Map #	Lot/Parcel #	1.5 ANTICIPATED DATE CONCLUDE TRENCH OPERATION	
Builder's Lot #	Block #		
SECTI	ON 2 - PROPERTY OWNERSHIP AND	PERMIT HOLDER INFORMATION	
	2.1 OWNER OF F		
Na	me (PRINT)	Address	
Signature		Telephone #	
	2.2 EXCAVATOR PERMIT HO	LDER INFORMATION	
Name (PRINT)		Address	
Signature		Telephone #	

January 2021

Department of Public Works Town of Winchendon 109 Front Street, Dept. 4 Winchendon, MA 01475

FORMATION OF INSURER:
Teleohone #
Policy Expiration Date
IER ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR ME FAMILIAR WITH, ALL LAWS AND REGUALTIONS DNS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE IEY COVENANT AND AGREE THAT ALL WORK DONE UNDER H IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH
AVATOR TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO NO ALSO, FOR THE DURATION OF THE CONSTRUCTION, TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT DIFFERENCE AND THE LAWS AND REGULATIONS GOVERNING
E JOINTLY AND SEVERALLY TO REIMBURSE THE RED BY THE MUNICIPALITY IN CONNECTION WITH THIS BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF S MADE TO ASSIRE COMLIANCE THEREWITH, AND MEASIRES THE APPLICANT OWNER OR THE EXCAVATOR HAS GAILED TO EMEDIAL MEASIRES DEEMED NECESSARY BY THE
EE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND ND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY THIS PERMIT.
DATE:
DATE:
OT WRITE IN THIS SECTION