

# STREET AND SIDEWALK OPENING PERMIT



<b>CITY OF ATTLEBORO</b> <b>DEPARTMENT OF PUBLIC WORKS</b> <b>STREET AND SIDEWALK OPENING PERMIT</b>	<b>SOP</b>
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PERMIT INFORMATION	
PERMIT #:	
Permit Application Date:	
Permit Expiration Date:	
PERMIT FEE:	

OWNER INFORMATION	
Owner's Name:	
Owner's Contact Phone Number:	

DIGSAFE NUMBER:	
DIGSAFE NUMBER:	

PERMITTEE'S INFORMATION	
Contractor's Name:	
Contractor's Address:	
Contractor's Primary Telephone Number:	
Contractor's Emergency Telephone Number:	

DESCRIPTION OF WORK	
Address of Work:	
Description of Work:	

BONDS AND INSURANCES			
Permit Specific Bond for Work supplied by Applicant?	YES	NO	
Amount of Bond:			
Annual Blanket Bond for Work supplied by Applicant?	YES	NO	
Amount of Bond:			
Indemnification/Liability/Workers Comp Insurance supplied by Applicant?	YES	NO	

PERMITTEE ACKNOWLEDGEMENT		
PERMITTEE HAS RECEIVED A COPY AND AGREES TO COMPLY WITH MOST RECENT RULES AND REGULATIONS FOR STREET OPENINGS IN THE CITY	(PERMITTEE TO INITIAL HERE) ---	
PERMITTEE UNDERSTANDS THAT POLICE DETAILS ARE REQUIRED FOR ANY WORK WITHIN PUBLIC RIGHTS OF WAY	(PERMITTEE TO INITIAL HERE) ---	
PERMITTEE UNDERSTANDS THAT THE DEPARTMENT OF PUBLIC WORKS SHALL BE NOTIFIED BEFORE BACKFILLING ANY TRENCH	(PERMITTEE TO INITIAL HERE) ---	
PERMITTEE UNDERSTANDS THAT A COPY OF THIS PERMIT SHALL BE ON THE JOB SITE AT ALL TIMES, AND THAT FAILURE TO DO SO MAY RESULT IN REVOCATION OF PERMIT	(PERMITTEE TO INITIAL HERE) ---	

<b>DPW CONTACT PHONE NUMBER FOR INSPECTION:</b> <b>508-223-2222, EXT. 3163</b>
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DPW SIGNATURE:	
DPW TITLE:	SUPERINTENDENT OF PUBLIC WORKS
DATE OF SIGNATURE:	

PERMITTEE'S SIGNATURE:	
DATE OF SIGNATURE:	

**A COPY OF THIS PERMIT MUST REMAIN ON THE JOB SITE AT ALL TIMES**