



*Town of Mansfield, Department of Public Works*  
*Six Park Row*  
*Mansfield, MA 02048*  
*Phone: (508) 851-6416*

**APPLICATION TO EXCAVATE IN THE TOWN PUBLIC WAY**

**For Office Use Only**

Permit Number:	Permit Fee: \$
2-Year Bond Number:	Date of Expiration:
Certificate of Insurance: (As specified in Regulations): <input type="checkbox"/>	
Drawing of Excavation: <input type="checkbox"/>	
OSHA Confined Space Cert. <input type="checkbox"/>	OSHA 10-hr Const. Cert. <input type="checkbox"/>

**Site Information:**

Property Address:			
Assessors Map & Parcel:			
Dig Safe Number:	Date Received:	Start Date:	
Water Tie In: <input type="checkbox"/>	Water Permit Number:		
	Water Installers License Number:		
Sewer Tie In: <input type="checkbox"/>	Sewer Permit Number:		
	Drainlayer's License Number:		
Gas Tie In: <input type="checkbox"/>			
Electric Tie In: <input type="checkbox"/>			
Driveway: <input type="checkbox"/>			
Drainage: <input type="checkbox"/>			
Other (be specific): <input type="checkbox"/>			
Total Trench Size:          feet wide by:          feet long:          square feet:			
Trench dimensions consist of area in Town Right of Way, including 1-foot overcut for finish paving.			

**Owner Information:**

Name:	
Mailing Address:	
Phone:	
Owner Signature Required:	Date:

**Contractor Information:**

Company Name:	
Address:	
Contact:	
Phone:	
The applicant, by its signature in the space provided, acknowledges the benefit conveyed to the applicant by the receipt of the street opening permit, hereby covenants and agrees with the Town of Mansfield to defend, indemnify and hold harmless the Town of Mansfield and all of its officers, employees and agents of and from any and all claims, demands, suits or other proceedings and from any and all liabilities arising or claimed to have arisen out of, or to be in any way related to: 1. the application 2. any street opening work as defined in the street opening rules and regulations 3. any action or failure to act by applicant, its officers, employees, agents or contractors in connection with any work performed or failed to be performed by or on behalf of applicant in or under any public way in the Town of Mansfield. I have received, understand and will comply with all the rules and regulations for excavations in the public way of Mansfield.	
Contractor Signature Required:	Date:



**PERMIT APPROVAL SIGNATURES**

All inspection requests must be made at least 24 hours in advance

Permit Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Backfill Inspection Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Steel Plate Inspection Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unpaved Trench Inspection Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flowable Fill Inspection Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Temp Pavement Inspection Approval: \_\_\_\_\_ Date: \_\_\_\_\_

(If using compaction, also must supply Town with compaction testing results)

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Pavement Inspection Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

