

Town of Oxford
Department of Public Works
325 Main Street
Ph. (508) 987-6006
Fax (508) 987-3934



TRENCH/R-O-W Permit Application T/R# _____

DPW Use Only

Approved Denied Date of Filing: _____
Application Fee: \$20.00 Cash Check # _____
Liability Insurance Certificate: Received (Up-to Date)
Bond: \$ _____ Received
Road Cut Fee: \$ _____ Yes No Recd. Chk # _____
Special Conditions: _____
Reason for Denial: _____

This application must be completed in full at the time of submittal. It is the responsibility of the applicant to provide all information required herein. Please type or print neatly.

Location

House #: _____ Street: _____
From (nearest cross street/pole #/house#) _____ To (nearest cross street/pole#/house#) _____
Owner's Name: _____ Address: _____
Tel #: () _____ Town: _____ State: _____ Zip Code: _____
Contractor: _____ Address: _____
Tel #: () _____ Town: _____ State: _____ Zip Code: _____
Excavators Name: _____ Tel. #: () _____
Are you a (Competent Person) Yes No
24 Hour Emergency #: () _____ Hoisting Engineers License: # _____

Description of Proposed Work

Length of Opening: _____ feet Width of Opening: _____ feet
Depth of Opening: _____ feet
Location (circle all that apply): **Roadway, Shoulder, Sidewalk, Curb Driveway, Private Property**
Start Date _____* End Date _____*
What is Opening for: _____
Dig Safe Number: _____ Date Valid: _____

Please provide a complete description of the proposed work. Attach Plans if necessary
(Sketch Here)

Contractor Certification

The undersigned hereby certifies that he/she has read and examined this **application** and that the proposed work is accurately represented in the statements made in this **application**. I understand that no work shall be performed prior to the issuance of an **Approved Permit** and that all work shall be executed in accordance with the terms and conditions of said permit (and all other applicable laws and bylaws in effect on the date of issuance). I understand that deviations from the **approved permit plan** that have not been subsequently approved in writing by the authorizing Agency shall result in immediate revocation of the permit and require restoration of disturbed area to pre-construction conditions.

Signature of Contractor

Date

Property Owner Certification

I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this TRENCH/R-O-W Permit Application. I understand that the permit application will not be accepted or the permit granted until all applicable fees are paid in full. No work shall be performed prior to the issuance of an Approved Permit.

I further certify that the Town of Oxford will not be responsible for future maintenance, upkeep or repair of the area subject to the approved permit that is within the Town right-of-way.

Signature of Owner

Date