



Town of West Boylston
APPLICATION FOR PERMIT TO OPEN
ROADWAYS AND/OR SIDEWALKS

Date _____

The undersigned, _____ of _____
hereby submits this application for permission to open the pavement on _____
for the purpose of _____.

Attach suitable sketch or drawing.

This is to certify that I am familiar with the rules, regulations and ordinances of the Town of West Boylston and attest that I will do all work in conformance with said rules, regulations and ordinances.

DIG SAFE NUMBER
DIG SAFE Clear Date

Signature of Applicant

Date

Contractor Information:

Name

Address

Telephone number

email address

Mailing Address

No excavation permits are to be issued after November 15th unless an emergency exists and such emergency opening shall be approved by the Superintendent of Streets and Parks, or his designated agent.

The applicant is directed to the TOWN OF WEST BOYLSTON Roadway Opening Permit Regulations for information regarding bonds, fees and inspections.

West Boylston Police Department

As an authorized Representative of the West Boylston Police Department, I certify that the applicant/contractor has made the Police Dept. aware of the intended work, and that private details are

☐ needed ☐ not needed

The applicant has paid

\$_____ for _____ hours
of detail

West Boylston Public Works

As an empowered Representative of the West Boylston Director of Public Works, I hereby authorize the applicant by way of his contractor to open the road in conformance with this form and the Roadway Opening Permit Regulations.

Name / Title West Boylston Police Department

Date

Name / Title West Boylston Public Works

Date