



# TOWN OF NORTHBOROUGH

## PUBLIC WORKS DEPARTMENT

63 Main Street, Northborough, MA 01532 T:(508) 393-5030 E:dpw@town.northborough.ma.us

Permit #: \_\_\_\_\_

Permit Fee: \$50.00

Fee Paid: ☐ Cash: ☐

Check #: \_\_\_\_\_

Received by: \_\_\_\_\_

### STREET OPENING / ROADWAY ACCESS PERMIT APPLICATION

**A** Date: \_\_\_\_\_ | Dig-Safe Number: \_\_\_\_\_ | Valid thru: \_\_\_\_\_

**B** Project Location: \_\_\_\_\_ | Map/Parcel: \_\_\_\_\_  
*Street number (or range) and Street Name*

**C** Are you an Authorized Drainlayer in Northborough: ☐ Yes ☐ No

Company:	Email:
Address:	Town/State/ZIP:
Contact Name:	Office/Cell:
The following shall accompany this application and is required for permit issuance: 1. \$5,000 security in the form of bond or check; 2. Certificate of Insurance naming Town as additional insured; 3. Notarized indemnification form.	

**D** Proposed Work:

<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove	<input type="checkbox"/> Emergency
<input type="checkbox"/> Utility	<input type="checkbox"/> Driveway	<input type="checkbox"/> Service	<input type="checkbox"/> Other	
<input type="checkbox"/> Water	<input type="checkbox"/> Sewer	<input type="checkbox"/> Drain	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas
<input type="checkbox"/> Telecom	<input type="checkbox"/> Driveway	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Curbing	<input type="checkbox"/> Well/Boring/Pole
<input type="checkbox"/> Other _____				

**E** Start Date: \_\_\_\_\_ | Estimated Completion Date: \_\_\_\_\_

**F** Affidavit (Please print clearly):

I, \_\_\_\_\_, \_\_\_\_\_ of  
(Name) (Title)

\_\_\_\_\_  
(Company Name) (Address)

do hereby certify that I am familiar with the requirements, bylaws, statutes of the Commonwealth of Massachusetts and other laws, regulations and specifications of the Town of Northborough; and I hereby agree to exercise the permit herein approved in compliance with those requirements.

\_\_\_\_\_  
(Signature) (Date)

**G****Sketch of Proposed Work:**

Draw a sketch or furnish a detailed drawing/plan showing the proposed work. The sketch shall indicate the relationship to existing and proposed utilities and/or structures including, but not limited to, utility poles, hydrants, trees, buildings/houses, stone walls, etc. The sketch shall illustrate the location and full extents of the proposed work.

**FOR OFFICE USE ONLY**

Special Conditions: ☐ Match existing HMA depths ☐ Notify Public Works before work commences  
☐ Grind/inlay patch by: \_\_\_\_\_ ☐ Inspection by Public Works required before backfill  
☐ Other: \_\_\_\_\_

Application Reviewed: Highway Division: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Comments/Special Conditions: \_\_\_\_\_  
\_\_\_\_\_

**Applicant is responsible for obtaining all required signatures below:**

Application Approved: ☐ Public Works Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature  
☐ Police Chief: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature  
☐ Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Comments/Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PUBLIC WORKS DEPARTMENT

Water, Wastewater, Highway, Cemetery & Parks Divisions  
Scott D. Charpentier, P.E., Director



## TOWN OF NORTHBOROUGH

63 MAIN STREET  
NORTHBOROUGH, MA 01532  
T: (508) 393-5030  
F: (508) 393-6996

### INDEMNIFICATION

The contractor shall indemnify and hold harmless the Town of Northborough and its agents and employees from and against all claims, damages, losses and expenses, including attorney's fees, arising out of or resulting from the performance of work provided that any such claims, damages, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including the loss of use resulting therefrom; and is caused in whole or part by any negligent or willful act or omission of the contractor, and or subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable.

Location of Work: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Contractor/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The contractor's signature shall be witnessed by a Notary Public who shall duly notarize this form.**

Notary Public: \_\_\_\_\_  
Printed Name

Notary Public: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_