CERTIFIED CHECK MUST BE RECEIVED FROM CONTRACTOR DOING THE JOB

CALL DIG SAFE 1-888-344-7233

TOWN OF MEDFIELD
APPLICATION AND AGREEMENT
STREET EXCAVATION PERMIT

SUPERINTENDENT OF PUBLIC WORKS
459 MAIN STREET
MEDFIELD, MA. 02052

Application is hereby made for a permit to open __________________ in said Medfield at,

(OWNER OF PROPERTY) (STREET & NO.)

The opening will be ____ feet into the public way. Said opening will be made on ___________. The opening is for the purpose of __________________________. DIG SAFE # ________________________

If said permit is granted, I/we hereby agree as follows:
1. To begin the opening not later than ____ and close same on the same day.
2. To restore the opened area to the same condition in which it was prior to the opening, including the surfacing of the same to conform to the surface of the surrounding area as required with the "Permit" and "Street Excavation Regulations" of the Town of Medfield.
3. To notify in writing in accordance with Chapter 370, Acts of 1963, by certified mail, at least 48 hours prior to opening the street, all public utility companies having installations in said street.
4. To post with the Superintendent of Public Works, prior to the issuance of the permit, a certified check in an amount deemed sufficient by them to ensure the completion of the work contemplated; and I/we further agree that the whole or part may be used for temporary repairs or permanent restoration made by the Town.
5. To indemnify and save harmless the Town of Medfield of from and any claim for damage or injury arising out of or as a result of the work done by virtue of any such permit and to furnish evidence that he carries the following insurance to the following amounts:
   Combined Single Limit $300,000 Property
   500,000 Liability
6. To comply with all lawful orders of the Town of Medfield relative to the permitted work.
7. To provide and maintain necessary signs and lights.
8. If a street must be closed off, we will notify all abutters on the street in advance and post necessary warning signs. Street closing will be kept to a minimum.

WITNESS My/Our hand and seal the day and date first above written:

SIGNED ___________________________ TITLE ___________________________

COMPANY ___________________________

ADDRESS ___________________________

TEL # ___________________________
(Note: if applicant is a corporation, a certificate of authorization of officer will be required.)

TOWN OF MEDFIELD
STREET EXCAVATION PERMIT

PERMIT NO __________
DIG SAFE NO ________________

FEE (non returnable) ______________
CERTIFIED CHECK ______________
(deposit)

Permission is hereby given to ___________________________ of ___________________________ to excavate in ___________________________ a public way in the Town of Medfield for a distance of ______ ft. for the purpose of installing ___________________________ on ___________________________.

Permission is given pursuant to compliance with the attached application and regulations which are part of the permit and pursuant to the completion of the permit.

SPECIAL REQUIREMENTS

DATE ISSUED ___________________________
SUPERINTENDENT OF PUBLIC WORKS
(Final Signature)

NOT VALID UNTIL COMPLETED

FIRE DEPARTMENT has received notice of the above excavation.
Explosive permit issued ___________________________
Other requirements ___________________________

DATE __________ SIGNED ___________________________
CHIEF, FIRE DEPARTMENT

POLICE DEPARTMENT has received notice of the above excavation.
POLICE OFFICER REQUIRED YES____ NO____
STREET CLOSED YES____ NO____ If yes, abutters notified (Date) ___________________________
Signs shall be placed both sides of excavation and 300 ft. from both sides of opening. Lights shall be placed as above at night. Barricades shall be erected either side of opening. No excavation shall be left open overnight without special permission of Chief of Police.

DATE __________ SIGNED ___________________________
CHIEF, POLICE DEPARTMENT

TREE DEPARTMENT shall be notified if excavation comes within 10 ft. of a tree within the Town way.

DATE __________ SIGNED ___________________________
TREE WARDEN

RELEASE OF COLLATERAL

1. The cost of repairs made by the Town because of the project is $ ___________. Amount to be returned is $ ___________.
2. The work has been satisfactorily completed and it is recommended that the deposit of $ ___________ be returned.