



# TOWN OF SHARON DEPARTMENT OF PUBLIC WORKS

217 REAR SOUTH MAIN STREET  
P.O. BOX 517  
SHARON, MASSACHUSETTS 02067  
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ERIC R. HOOPER, P.E.  
SUPERINTENDENT

PETER M. O'CAIN  
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INSPECTOR OF BUILDINGS

MARIE E. CUNEO  
BUSINESS MANAGER

## APPLICATION FOR A STREET OPENING PERMIT

Permit No. \_\_\_\_\_

Dig Safe No. \_\_\_\_\_

APPLICANT (as defined in the By-Law) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

LICENSED CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_

(available 24 hours a day)

LOCATION OF WORK: \_\_\_\_\_

(Complete Locus Plan on Reverse side of Application or attach Plan)

EXPECTED SIZE OF TRENCH: \_\_\_\_\_

ESTIMATED DEPOSIT (based on schedule) \_\_\_\_\_

EXPECTED DATE OF WORK: \_\_\_\_\_

EMERGENCY CONDITIONS: \_\_\_\_\_

Applicant by its signature in the space provided below acknowledging the benefit conveyed to Applicant by the receipt of the Street Opening Permit, hereby covenants and agrees with the Town to defend, indemnify and hold harmless the Town, Awarding Authority 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: (i) this Application, (ii) any Street Opening Work as defined in the Street Opening By-Law or (iii) 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.

\_\_\_\_\_ Application Fee Received  
\_\_\_\_\_ Exemption Claimed (Y)(N)  
\_\_\_\_\_ Refundable Deposit Received  
\_\_\_\_\_ Emergency Inspection Fee

\_\_\_\_\_  
Applicant's Signature  
\_\_\_\_\_ Date

### Requirements of Approval

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Awarding Authority Representative

\_\_\_\_\_  
Date