TOWN OF SAUGUS Number: ____ Application Date: Department of Public Works

Curb Cut:	G. 4		Date
-	Public Works D		
Street Opening:		pprovals	Date
Regravel () Base Remarks:			()
Additional Requirements Overlay () T-Patch) Compaction Test	() Other
		t Write Below This Line	
The undersigned applicant being fandoes hereby agree to perform all worto the requirements specified. Applicants Signature	rk in compliance with t	he regulations and specific	_
Phone () Sidewalk (Remarks:			
Gas () Water () Sewer () Drainage ()	
For the Purpose of: Installing () Repairing (
This permit is is Public Right-of-Way ()	Please Check A	ppropriate Boxes	oplicant to work with-in:
THE TOWN REQUIRES FORTY-F WORKS BEFORE THE COMMEN	CEMENT OF EXCAV		
Length/Width/Type of Cut:			
Dig Safe Number:		Surface	Type:
Location of Work:		Street No and Name	
Work Being Performed For:			
	City	State	Zip Code
Address:	PO Box or Stree		
Company:			ncy Phone:
Name of Applicant:			No:
		· -	. Five business days required for processin
PERMIT FOR STREET OPENING			
Saugus, MA 01906		•	tion Date:
515 Main Street			tte:
Department of Fublic Works			tion Date.

Permit Fee: \$_ Street opening fee is \$3.00 per square foot, or \$100.00, which ever is greater. Fee for water tap is listed in Specifications

For sewer tap fee \$100.00 THERE MAYBE AN ADDITIONAL CHARGE IF THE WORK IS MORE INVOLVED (MEASUREMENTS ETC.)