



Town of Chatham

Department of Public Works

221 Crowell Road

Chatham, MA 02633



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EXCAVATION / TRENCH PERMIT APPLICATION

(\$ 50.00 Permit Fee)

LOCATION:

Address of Excavation / Trench (attach sketch): _____

Dig Safe :# _____ Date of Excavation (24 hour notice required): _____

Is pavement to be cut? _____ Size of pavement cut: _____

Purpose of Excavation: _____

Name of property owner: _____

Address: _____ Phone # _____

CONTRACTOR:

Excavators Name: _____ Phone # (24 hours) _____

Address: _____ Fax # _____

Name of Competent person: _____

Name of Equipment operator(s) _____

Hoisting license number of operator(s) _____

Hoisting license grade of operator(s) _____

Hoisting license expiration date(s) _____

Name of insurer: _____

Address: _____ Phone # _____

If this is your **First Trench Permit** attach a copy of your Certificate of Insurance to this permit application form so we will have a copy on file.

Persons engaging in any trenching operation shall familiarize themselves with the Federal Safety Standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et. seq., entitled Subpart P Excavations. By applying for, accepting and signing this permit, the applicant attests to the following: (i) that he has read and understood the regulations promulgated by the Department of Public Safety with regard to trench safety; (ii) that he has read and understood the Federal Safety Standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et. seq., entitled Subpart P "Excavations".

Signature of Applicant: _____ Phone # _____

Office Use Only

Date Permit Issued: _____ Expiration Date: _____ Permit # _____ Check # _____

Conditions: _____

_____ or _____ or _____
Pamela J Jones – Adm. Assistant Brian Gates – Highway Foreman Thomas Barr – Deputy Director