



BOXBOROUGH PUBLIC WORKS DEPARTMENT
577 Massachusetts Avenue, Boxborough, Massachusetts 01719
Phone: (978) 264-1790 Fax: (978) 264-1794

Trench Permit

Pursuant to 520 CMR 14.00

Site Address: _____ Date Filed: _____

DigSafe Number: _____ Hydraulic License Number: _____

Name of Installer: _____ Phone: _____

Installer Address: _____

Length: _____ Width: _____

Job Supervisor: _____ Cell Phone: _____

Name of Site Owner: _____

Important Notices

1. Persons engaging in any trenching operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety and Health Administration on excavation: 29 CFR 1926.650 *et. Seq.*, entitled Subpart P "Excavations".
2. 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"
3. All insurance and hoisting license information on file with the Boxborough Health Department is required to be up-to-date prior to commencement of excavation.

I hereby certify that I have read and agree to adhere to the above-listed statements.

Furthermore I certify that I am authorized by the site owner to excavate trench(es) on his/her property.

Applicant Signature: _____ Date: _____ Director Signature: _____ Date: _____

X _____ X _____

\$35.00 Permit Fee Received Yes () No ()

\$500 Bond Received Yes () No ()

THIS PERMIT SHALL EXPIRE 180 DAYS FROM THE DATE OF ISSUANCE