

Date..... June 6, 1996

Permit No..... 96-22

TOWN OF ACTON

APPLICATION FOR PERMIT TO CONSTRUCT WITHIN A PUBLIC WAY

This application must be submitted not less than five (5) days prior to any Construction within a public way.

Notice 24 hours in advance of any construction must be given to the Town Engineer.

- 1. Permittee: *BOSTON GAS / NEUCO* Address: *66B Common Ave*
- 1A. Telephone #:
- 2. Location of Proposed Construction: *16 BULFHE Rd*
- 3. Purpose of Construction: *NEW GAS SERVICE*
- 4. Length of Cut: *10'*
- 5. Width of Cut: *2'*
- 6. Width of Existing Pavement: *20'*
- 7. Type of Existing Roadway Surface: *asphalt* Type of Curb: *-*
- 8. Type of Existing Sidewalk Surface: *-* Type of Shoulder: *-*
- 9. Date of Street Opening: From..... To.....
- 10. For Work Involving Excavations: Dig Safe Number *962263034*

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated August 3, 1982. I have deposited the required bond with the Town of Acton, and I covenant and agree that the Town may deduct from this amount the cost of repairs to the road surface, curbs, shoulders, walls or other features within the right-of-way including replacing bounds if not completed by me to the satisfaction of the Town Engineer within the specified time.

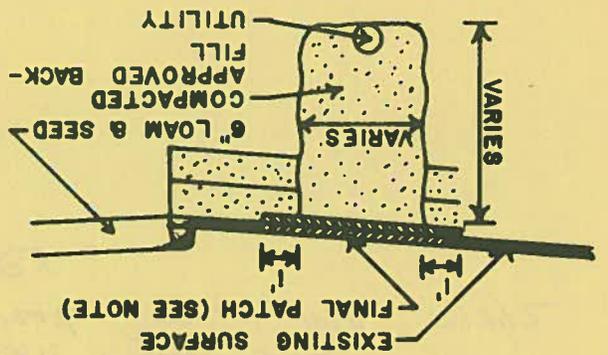
Special Instructions: Signature of Applicant..... *Phil Wells*

Permit Issued: Date *6/7/96* By: *Dennis P. King*

Application Denied: Date By:

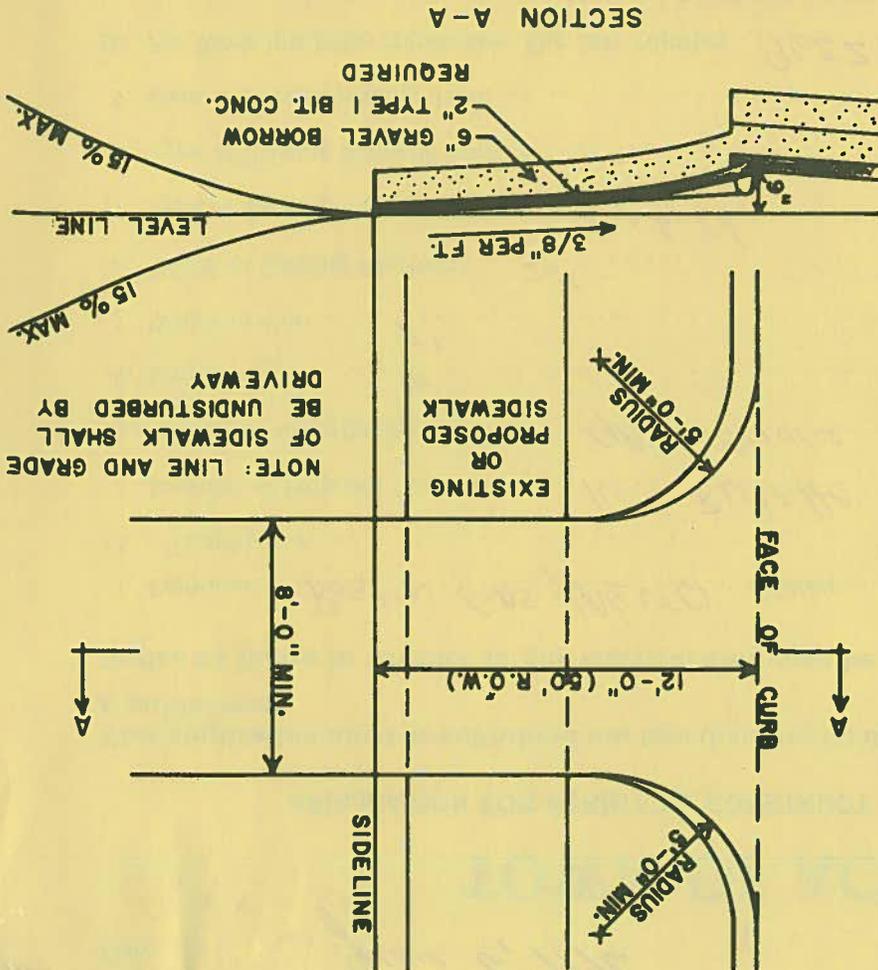
Work Inspected and Approved: Date By:

TOWN OF ACTON
 TYPICAL DRIVEWAY 8
 TRENCH DETAIL
 FEB. 1969 NO SCALE



NOTE: 1. FINAL PATCH DEPTH
 3" OIL TREATED ROADS
 4" BIT. CONC. ROADS
 2. SEE SPECIFICATIONS FOR
 FURTHER REQUIREMENTS

SKETCH



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- 1. Permittee: *Boston Gas / Neuro* Address: *66B Comm Ave*
- 1A. Telephone #: *West Concord, MA 01742*
- 2. Location of Proposed Construction: *No. 110 Bullock Rd*
- 3. Purpose of Construction: *New Gas Service*
- 4. Length of Cut: *10'*
- 5. Width of Cut: *2'*
- 6. Width of Existing Pavement: *20'*
- 7. Type of Existing Roadway Surface: *asphalt* Type of Curb: *-*
- 8. Type of Existing Sidewalk Surface: *-* Type of Shoulder: *-*
- 9. Date of Street Opening: From To
- 10. For Work Involving Excavations: Dig Safe Number *962203034*

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated August 3, 1982. I have deposited the required bond with the Town of Acton, and I covenant and agree that the Town may deduct from this amount the cost of repairs to the road surface, curbs, shoulders, walls or other features within the right-of-way including replacing bounds if not completed by me to the satisfaction of the Town Engineer within the specified time.

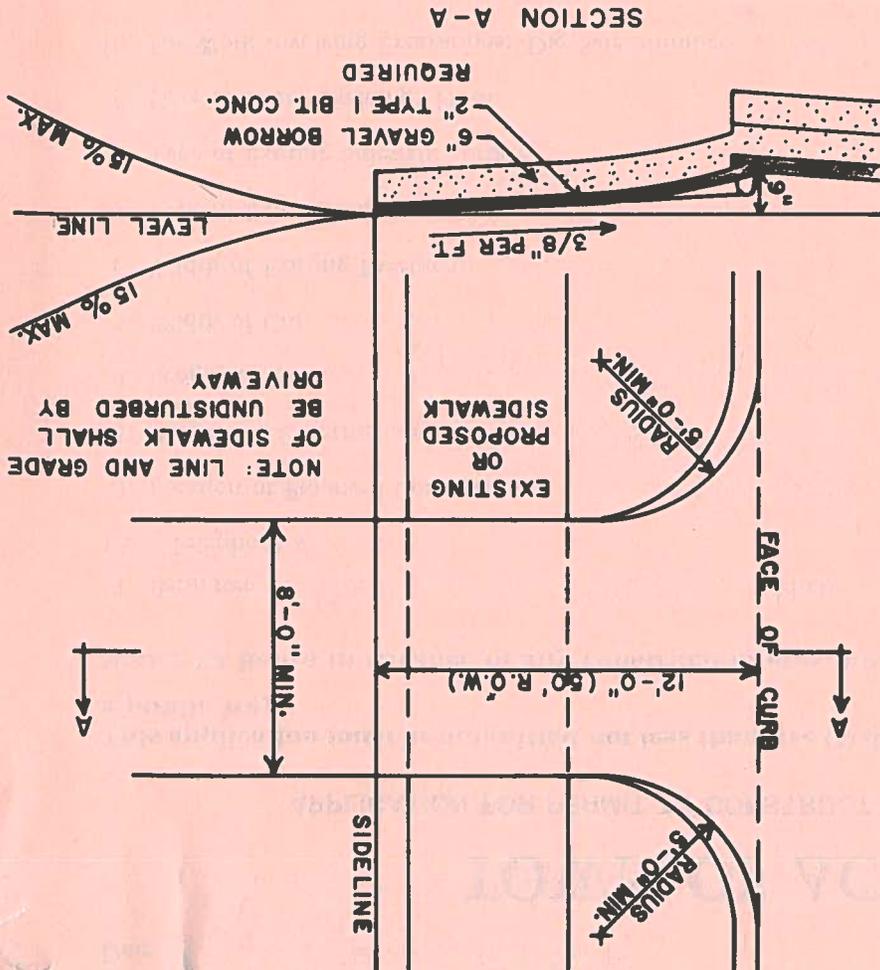
Special Instructions: Signature of Applicant: *[Signature]*

Permit Issued: Date *6/7/96* By: *Dennis P. Ryan*

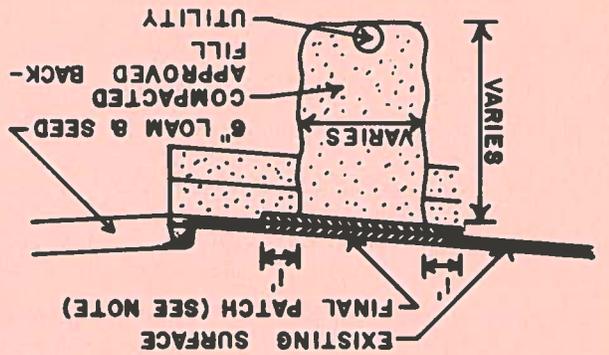
Application Denied: Date By:

Work Inspected and Approved: Date By:

SKETCH



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 TRENCH DETAIL
 FEB. 1969
 NO SCALE