

Date

Permit No.

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: Address:
- 1A. Telephone #
- 2. Location of Proposed Construction:
- 3. Purpose of Construction:
- 4. Length of Cut:
- 5. Width of Cut:
- 6. Width of Existing Pavement:
- 7. Type of Existing Roadway Surface: 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

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated January 8, 1991. 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

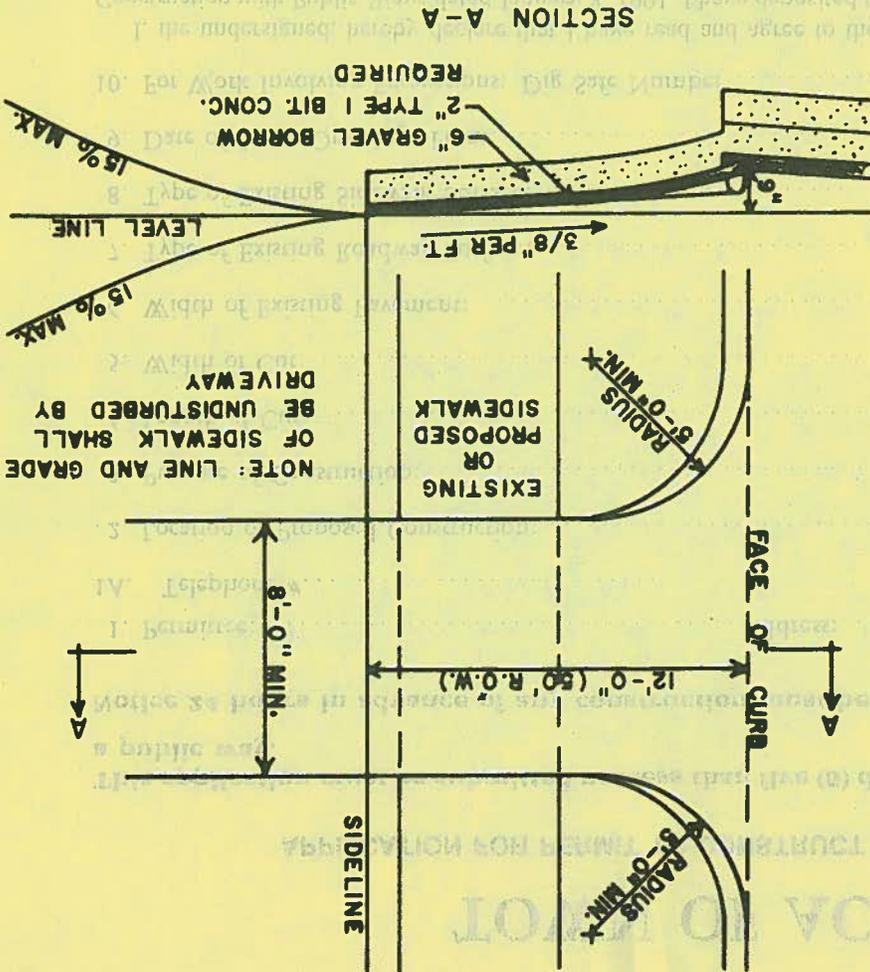
*DIG END OF DRIVEWAY FOR CONDUIT
 CROSS WILL NOT BE IN ROAD
 - NO ROAD BOUNDS ALONG FRONT*

Permit Issued: Date By:

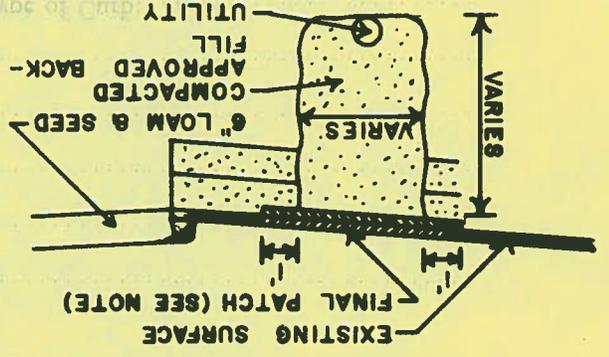
Application Denied: Date By:

Work Inspected and Approved: Date By:

SKETCH



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



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

Date.....

Permit No.....

TOWN OF ACTON

APPLICATION FOR PERMIT TO CONSTRUCT WITHIN A PUBLIC WAY

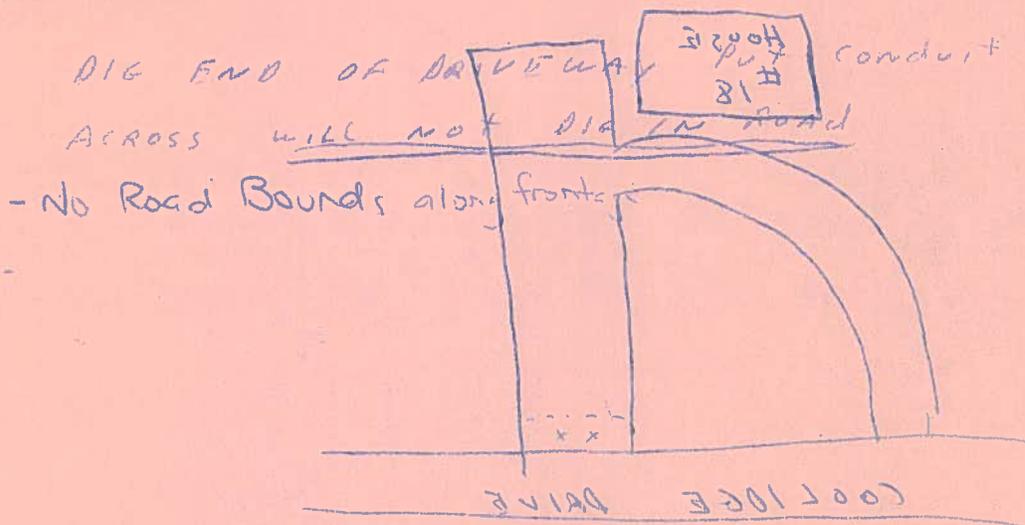
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- 1. Permittee: VERIZON Address: 5 R SUMNER ST Lunenburg
- 1A. Telephone #: 978 345 0121
- 2. Location of Proposed Construction: 18 COOLIDGE DRIVE
- 3. Purpose of Construction: Bad 6 PAIR SERVICE WIRES WILL PLACE CONDUIT
- 4. Length of Cut: 15'
- 5. Width of Cut: 18"
- 6. Width of Existing Pavement: ASPHALT DRIVEWAY
- 7. Type of Existing Roadway Surface: ASPHALT Type of Curb: ASPHALT
- 8. Type of Existing Sidewalk Surface: NONE Type of Shoulder: DIRT
- 9. Date of Street Opening: From..... To.....
- 10. For Work Involving Excavations: Dig Safe Number 9002 210-8845

I, the undersigned, hereby declare that I have read and agree to the Town of Acton Specifications for Regulating Construction with Public Ways dated January 8, 1991. 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.....



Permit Issued: Date 5/29/02 By: [Signature]

Application Denied: Date By:

Work Inspected and Approved: Date By:

