

Date.....

Permit No. 10-32.....

# 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: *N-Star Electric* Address: *157 Condonville Rd, South*
- 1A. Telephone #: *508-305-6924 - 339-987-7777*
2. Location of Proposed Construction: *20 Old Village Rd*
3. Purpose of Construction: *Ins Electric Conduit*
4. Length of Cut: *30 feet*
5. Width of Cut: *2 feet*
6. Width of Existing Pavement: *5T Crossings*
7. Type of Existing Roadway Surface: *Asphalt* Type of Curb: *none*
8. Type of Existing Sidewalk Surface: *none* Type of Shoulder: *grass*
9. Date of Street Opening: From *May 2* To *May 31*
10. For Work Involving Excavations: Dig Safe Number *20101809211*

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 *[Signature]*

- see the attached special conditions and plans
- INFRARED PATCH REQUIRED

Permit Issued: Date ..... By: .....

Application Denied: Date ..... By: .....

Work Inspected and Approved: Date ..... By: .....



# Town of Acton

Building Department  
472 Main St Acton Massachusetts 01720  
Phone (978) 264-9632  
FAX (978) 264-9630

# 25 9M

Permit Number 18-32

Date Issued 5/11/10

Expiration Date \_\_\_\_\_

## TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 7.00 et seq.(as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

E. Silver

|  |    |                                    |  |                 |  |
|--|----|------------------------------------|--|-----------------|--|
| Name of Applicant <u>N. Star</u>   |    | Phone                              |  | Cell <u>339</u> |  |
| Street Address <u>157 Cordaville Rd</u>  |    | <u>508-305-6924</u>                |  | <u>987-7777</u> |  |
| City/Town<br><u>Southborough</u>   | MA | ZIP<br><u>01772</u>                |  |                 |  |
| Name of Excavator (if different from applicant)<br><u>Riley Bros</u>   |    | Phone                              |  | Cell            |  |
| Street Address<br><u>84 Tosca Dr</u>   |    | <u>1-781-341-6277</u>              |  |                 |  |
| City/Town<br><u>Stoughton</u>  | MA | ZIP<br><u>02072</u>                |  |                 |  |
| Name of Owner(s) of Property<br><u>N. Star</u>   |    | Phone                              |  | Cell            |  |
| Street Address   |    | <u>JAMZ</u>                        |  |                 |  |
| City/Town  | MA | ZIP                                |  |                 |  |
| Other Contact  |    | Permit Fee Received No ( ) Yes ( ) |  |                 |  |
| Description, location and purpose of proposed trench:<br>Please describe the exact location of the proposed trench and its purpose (include a description of what is (or is intended) to be laid in proposed trench (eg; pipes/cable lines etc..) Please use reverse side if additional space is needed. |    |                                    |  |                 |  |
| <p>ADDRESS! <span style="border: 1px solid black; padding: 2px;">#20</span> <u>Old Village Rd</u> Ins 60' T of center</p> <p>Hand Hole</p> <p>PMH 1451</p>   |    |                                    |  |                 |  |
| Insurance Certificate #:   |    |                                    |  |                 |  |
| Name and Contact Information of Insurer:   |    |                                    |  |                 |  |
| Policy Expiration Date:  |    |                                    |  |                 |  |
| Dig Safe #: <u>20101809211</u>   |    |                                    |  |                 |  |
| Name of Competent Person (as defined by 520 CMR 7.02):   |    |                                    |  |                 |  |