Date: 9/14/10 Permit No. 10-79

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 NATIONAL GRID Address: 40 SYLVAN RD WALTHAM MA 02451.

1A. Telephone # 781-907-2898

2. Location of Proposed Construction: 790 MAIN ST

3. Purpose of Construction: INSTALL NEW GAS SERVICE

4. Length of Cut 18'

5. Width of Cut 1.5'

6. Width of Existing Pavement:

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 ASAP To:

10. For Work involving Excavations Dig Safe Number 2010-380-2272

I, the undersigned herby 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: Sara Minsholl

Permit issued: Date 9/14/10 By: [signature]

Application Denied: Date By:

Work Inspected and Approved: Date By

(over)

Special Conditions
Relating to
Permit to Construct Within a Public Way # 10 - 79
Location: 790 Main St

Construction Methods:

All construction shall meet the standards set forth in the **Town of Acton Specifications For Regulating Construction Within Public Ways** dated January 8, 1991.

Any sidewalk reconstruction shall be in accordance with the Architectural Access Board requirements set forth in **521 CMR.**

Inspection Schedule:

The contractor is responsible to contact the Acton Engineering Department 24 hours in advance of the start of any excavation and/or necessary inspections. (978) 264-9628

Survey Plans[1]:

1298 of 1951

[1] If any survey markers (i.e. stone bounds, iron pipes, drill holes in stone walls, etc…) are damaged or destroyed during construction, the Permittee will be required to hire a registered land surveyor to reset the monuments and certify the new locations.

Road Pavement[2]:

2003

[2]The cutting of road surfaces less than 3 years old will not be permitted, unless final patching is done with infrared patching equipment.

No work is allowed to take place within the road pavement between November 15th & March 15th (Special Winter Regulations apply during these months).

Traffic:

Police Details as required by the Acton Police Department (978) 264-9638

No work is allowed to take place within the road during the AM & PM peak travel times, unless approved in advance by the Acton Engineering and Police Departments.

Public Shade Trees:

Any work within the dripline of a public shade tree (MGL Ch 87) will be subject to approval by the Acton Tree Warden – (978) 264-9629

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

Permit Number _____
Date Issued _____
Expiration Date _____

EXCAVATION / 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

Name of Applicant: NATIONAL GRID **Street Address:** 40 Sylvan Rd			**Phone:** 781-907-2895 **Cell:**
City/Town: Waltham	**MA**	**ZIP** 02451	
Name of Excavator (if different from applicant): **Street Address:**			**Phone:** **Cell:**
City/Town:	**MA**	**ZIP**	
Name of Owner(s) of Property: **Street Address:**			**Phone:** **Cell:**
City/Town:	**MA**	**ZIP**	

Description, location and purpose of proposed trench:
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.

INSTALL NEW GAS SERVICE TO 790 MAIN ST
18' X 1.5' X 3' IN THE STREET

Insurance Certificate #: Self Insured

Name and Contact Information of Insurer:

Tim Kiernan 718-403-2986

Policy Expiration Date: *4/2011*

Dig Safe #:
2010-380-2272

Name of Competent Person (as defined by 520 CMR 7.02):
ON FILE

Massachusetts Hoisting License # ***ON FILE*** **License Grade:**	**Expiration Date:**

BY SIGNING THIS FORM, THE APPLICANT, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

APPLICANT SIGNATURE

Sara Minskoff _____ DATE 9/13/10

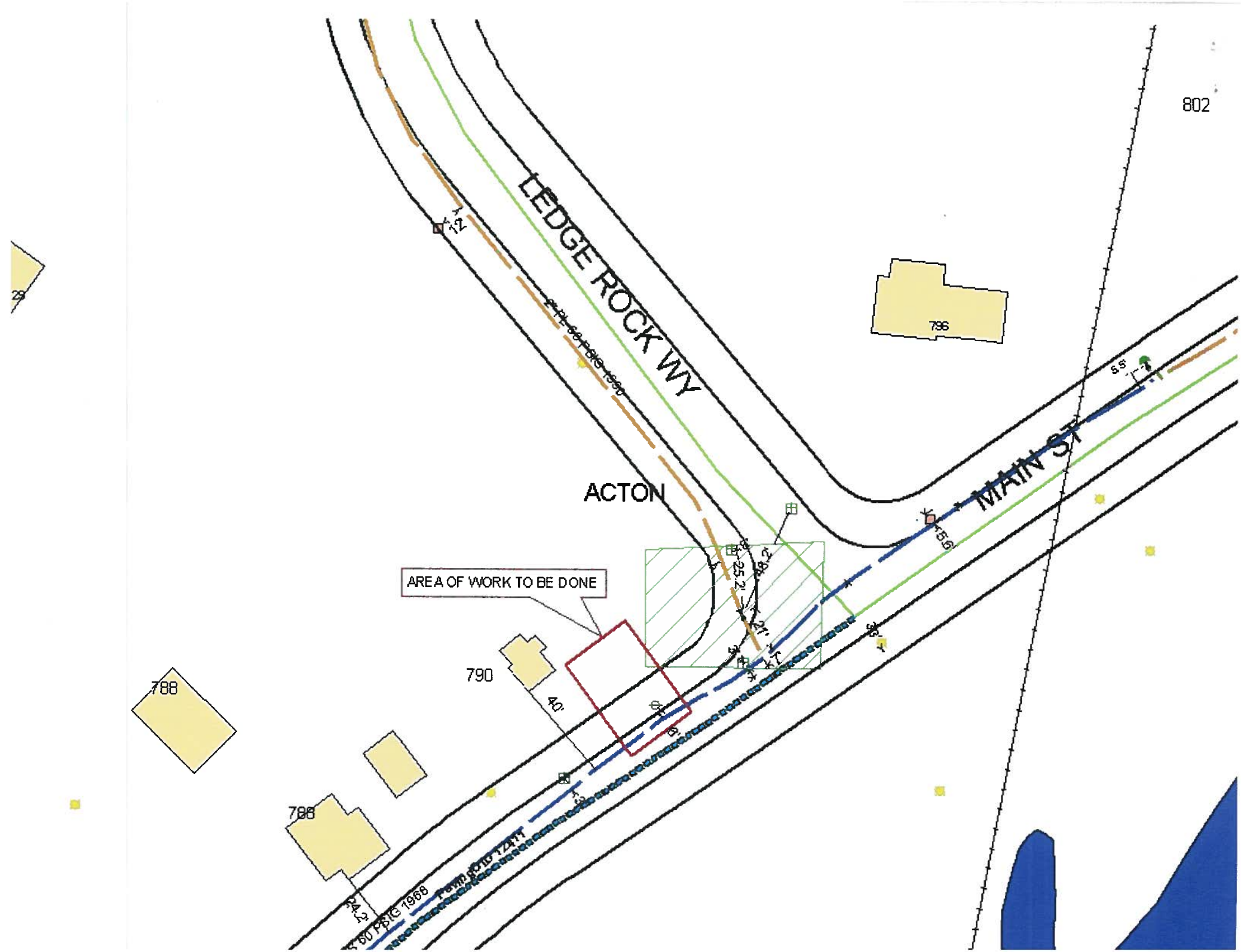
EXCAVATOR SIGNATURE (IF DIFFERENT)

_____ DATE _____

OWNER'S SIGNATURE (IF DIFFERENT)

_____ DATE _____

For City/Town use -- Do not write in this section	
PERMIT APPROVED BY	$_____ Application Fee
PERMITTING AUTHORITY Date	
CONDITIONS OF APPROVAL	



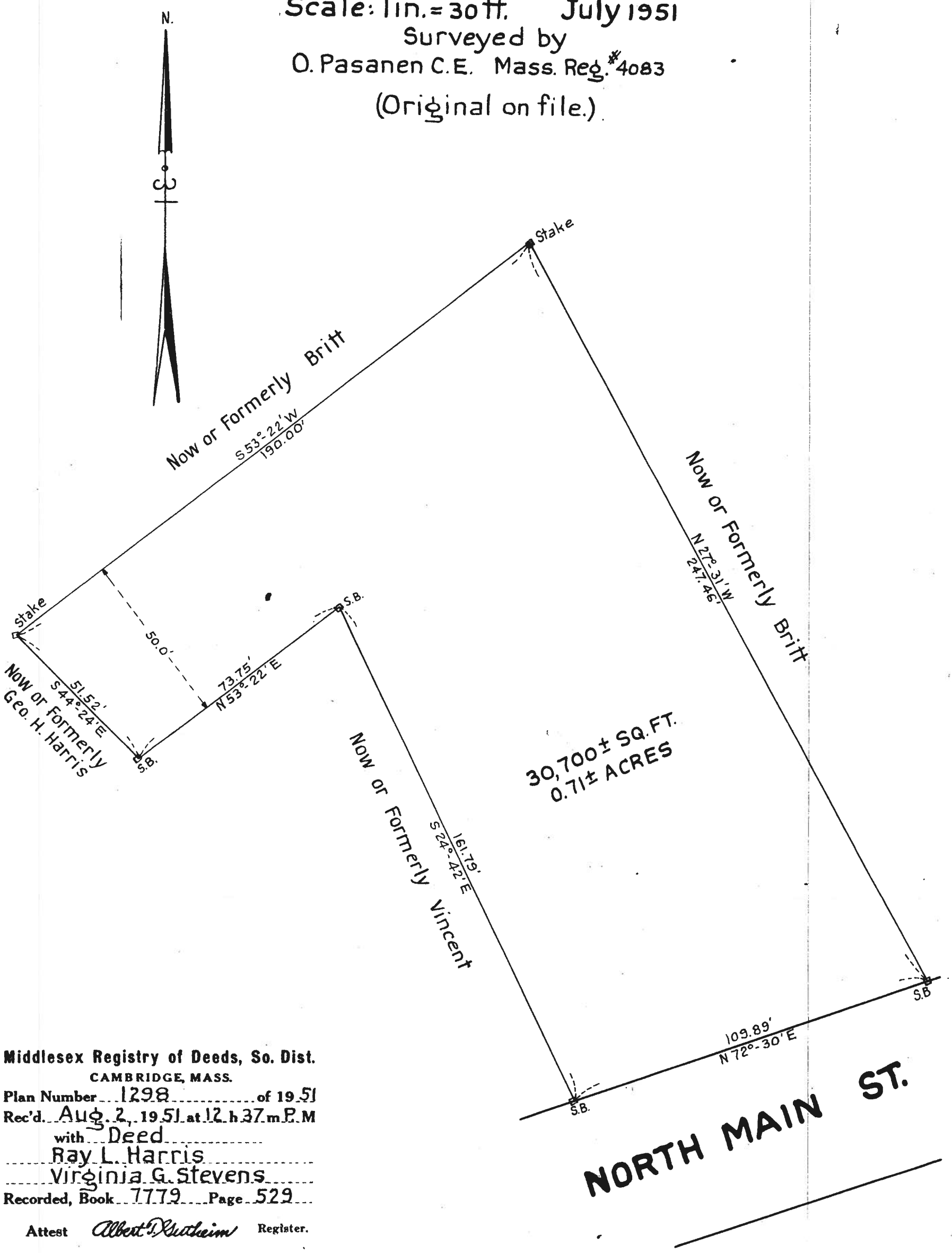
802
LEDGE ROCK WY
MAIN ST
ACTON
796
AREA OF WORK TO BE DONE
790
788
788
40'
25.2'
48.2'
21'
5.5'
15.6'
24.2'

Plan of Land
in
ACTON
owned by
Virginia G. Stevens

Scale: 1 in. = 30 ft. July 1951

Surveyed by
O. Pasanen C.E. Mass. Reg. #4083

(Original on file.)



Middlesex Registry of Deeds, So. Dist.
CAMBRIDGE, MASS.
Plan Number 1298 of 1951
Rec'd. Aug. 2, 1951 at 12 h 37 m P.M
with Deed
Ray L. Harris
Virginia G. Stevens
Recorded, Book 7779 Page 529

Attest Albert D. Gutheim Register.