

COMMONWEALTH OF MASSACHUSETTS
TOWN OF HOLLISTON

APPLICATION FOR STREET OPENING PERMIT

PERMIT NO.: _____

DATE: _____

TO THE LICENSING AUTHORITIES:

In accordance with the provisions of the Statutes relating thereto, application for a permit is here made by,

PERSON OR FIRM FILING APPLICATION:

Name: _____ Phone No: _____

Address: _____

LOCATION OF WORK: _____

Number and Street

Type of Construction: Driveway Utilities

Bonded Area: Length _____ Width _____ Depth _____

DATE OF PROPOSED CONSTRUCTION:

Start _____ Duration _____ Days

PROPERTY OWNER NAME: _____ Phone No: _____

Address: _____

DIG SAFE NO: _____

WATER DEPT. NOTIFIED _____

SCENIC ROAD HEARING _____

Infrared Required _____

Permit Issued _____

Inspected _____

Approved _____

Fee _____

Bond Number _____

Amount _____

Bond Expiration Date _____

SIGNATURE OF APPLICANT

Social Security # or Federal Tax ID #

SHOW SKETCH OF PROPOSED WORK ON BACK OF APPLICATION OR ATTACH PLANS

Notes: (To be completed by Highway Department)

Date:

