

Town of Bridgewater Street Opening /Curb Cut Permit*All items must be filled out completely.***No permits will be issued between November 1 and April 1.**Application for: **Curb Cut** _____ **Street Opening** _____ **Sidewalk Cut** _____All Curb Cuts, Street Openings & Sidewalk Cuts must be **ADA COMPLIANT**

Location of work _____ Applicant is Owner: ____YES ____NO

Owner**Contractor**

Names _____

Addresses _____

City, State, Zip _____

Day Tel. No. _____

Emergency No. _____

Dig Safe Number _____

Description of work (include length, width and depth of any excavation, type and size of utility, etc. to be installed:

_____ () Include a sketch of the work with this application

Start Date: _____ **Completion Date:** _____ **Date Notified of Completion:** _____

The Contractor agrees to abide by the current version of Manual on Uniform Traffic Control Devices (MUTCD) for safety measures to be employed in conjunction with this permit. The Contractor understands that he/she is responsible for maintaining a safe work zone.

(Contractor's Signature)

The Applicant agrees to conform to the pertinent statutes, ordinances and rules, to protect the work and guard against accident, to pay for inspection, to pay the cost of any damage or injury which may result from the work.

(Applicant's Signature)

It is recommended that this permit be granted with the following conditions:

_____ Pavement will be saw cut. Cut must be made 12" outside the excavated trench area.

_____ All excavated material to be replaced with clean gravel compacted in 12" lifts

_____ All excavated material to be replaced with flowable fill

_____ Bituminous concrete hot mix _____ Binder _____ Top

_____ Infrared treatment after 6 months

_____ Grind and inlay after 6 months

*****Office use only*****

() State Permit Required () Under 5 Year Moratorium () After Nov. Cut-off Date

The Bond amount for all openings is \$10,000**Bond Number:** _____**\$75****Permit Fee**

_____ Highway Department Authorized Signature

_____ Date

_____ Check#

Application Status: () Not Approved

() Approved with Conditions (Noted above)

Highway Superintendent or designee: _____ **Date:** _____