EXCAVATION PERMIT APPLICATION

APPLICANT	TOWN

APPLICANT

Date: _____

Applicant Name: _____

Company: _____

Phone: _____

Address: _____

City/State/Zip: _____

24 HR EMERGENCY TELEPHONE: _____

E-mail: _____

Permit to be issued via email unless otherwise instructed

DIGSAFE #: _____

Effective Date: _____

Insurance Certificate #: _____

Insurance Agency: _____

Copy of insurance certificate required.

Excavation Location: _____

Scheduled Start Date: _____

Temp. Patch Date: _____

Excavation Type:

☐ Open Cut ☐ Other: _____

Excavation Size:

_____Width_____Length_____Sq. Ft._____Depth

Total Sq. Ft. Pavement Affected: _____

Total Sq. Ft. Infrastructure Affected: _____

Purpose of Excavation:

☐ Water ☐ Sewer ☐ Drainage ☐ Gas
☐ Electric ☐ Telephone ☐ Other: _____ Type of
Work:

☐ New Construction ☐ Alteration ☐ Repair/Replace

TOWN

Permit #: _____

Approved By: _____

Approval Date: _____

Expiration Date: _____

Project Name: _____

Conditions: _____

Extended on: _____

Extension Expiration: _____

Fees:

☐ New Permit ☐ Renewal

Administration and Inspection Fee:

$250.00 (nonrefundable) $_____

Two Year Surety $5,000.00 Bond $_____

Street Damage Fee ($10/sq ft)

___sq ft x $10.00 (nonrefundable) $_____

Infrastructure Damage Fee ($5/sq ft)

_____ sq ft x $5 (nonrefundable) $_____

Sub-total $_____

Previous Payments $_____

Total Due: $_____

Paid: check #: _____

Admin Initials: _____

By undersigning this application, the Applicant acknowledges that he/she has read and hereby agrees to abide by the Town of Wolfeboro Roadway Regulations and to any other ordinances, special conditions, restrictions, and regulations may be imposed by the Director of Public Works.

Applicant's Signature: _____ Date: _____

Sketch location of excavation and dimensions of trench in box provided below.