

**TOWN OF SHERBORN****Building Department**

19 Washington Street
Sherborn, MA 01770
(508) 651-7851 phone
(774) 270-5643 cell
Chris Canney, *Building Commissioner*

Permit Number: _____

Date Issued: _____

Expiration Date: _____

Check Number: _____

TRENCH PERMIT APPLICATION**Pursuant to M.G.L. c. 82A *et seq.* AND 520 CMR 7.00 *et seq.* and 14.00 *et seq.* (as amended)****THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION**

| APPLICANT INFORMATION | | | |
|------------------------------|--------------|--------|------|
| Name: | Email: | | |
| Street Address: | City / Town: | State: | ZIP: |
| Phone Number: | Cell Phone: | | |

| PROPERTY INFORMATION | | |
|-----------------------------|-----------|------|
| Street Address: | Map Page: | Lot: |

| EXCAVATOR INFORMATION | | | |
|---|---------------------------|------------------|------|
| Company Name: | Email: | | |
| Street Address: | City / Town: | State: | ZIP: |
| Phone Number: | 24-Hour Emergency Number: | | |
| Name of Competent Person (as defined in 520 CMR 7.02): | | | |
| Name of Licensed Hoisting Engineer: | | | |
| Hoisting License Number: | License Grade: | Expiration Date: | |
| Insurer Name: | Insurer Phone Number: | | |
| Insurer Street Address: | City / Town: | State: | ZIP: |
| <i>PLEASE NOTE: A VALID Certificate of Insurance must be included with every application for a Trench Permit, pursuant to applicable regulations</i> | | | |

| PROPERTY OWNER INFORMATION | | | |
|-----------------------------------|--------------|--------|-----|
| Name | Email | | |
| Street Address: | City / Town: | State: | ZIP |
| Phone Number: | Cell Phone: | | |

| PROJECT INFORMATION | |
|--|--------------------------|
| Project Start Date: | Project Completion Date: |
| Digsafe Number: | |
| Description, location and purpose of the proposed trench: Please describe the exact location of the proposed trench, and its purpose. Include a description of what is (or is not) intended to be laid in the proposed trench (e.g., pipes / cable lines, etc). Please use the reverse side of this form, if additional space is needed. | |

PERSONS ENGAGING IN ANY TRENCHING OPERATION SHALL FAMILIARIZE THEMSELVES WITH THE FEDERAL SAFETY STANDARDS PROMULGATED BY THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION ON EXCAVATIONS: 29 CFR 1926.650 *ET SEQ.*, ENTITLED SUBPART P EXCAVATIONS.

BY APPLYING FOR, ACCEPTING AND SIGNING THIS PERMIT, THE APPLICANT ATTESTS TO THE FOLLOWING:

- a. That (s)he has read and understood the regulations promulgated by the MA Department of Public Safety with regard to trench safety;
- b. That (s)he has read and understood the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 *et seq.*, entitled Subpart P "Excavations";
- c. That (s)he has read and understood any other relevant federal, state, or local regulations, ordinances, and by-laws with regard to trench safety and / or permitting.

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 TOWN OF SHERBORN TO ENTER THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERNING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY, SEVERALLY, AND INDIVIDUALLY TO REIMBURSE THE TOWN OF SHERBORN FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE TOWN OF SHERBORN 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 TOWN OF SHERBORN 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, SEVERALLY, AND INDIVIDUALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE TOWN OF SHERBORN AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTIONS, 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

DATE: _____

EXCAVATOR SIGNATURE (IF DIFFERENT FROM APPLICANT)

DATE: _____

PROPERTY OWNER SIGNATURE

DATE: _____