

PERMIT # _____
DATE _____

TOWN OF PEMBROKE
TRENCH PERMIT APPLICATION

I, _____
Contractor name and address Telephone Number

hereby apply for a permit to excavate within the right-of-way of _____

for the purpose of _____

from _____ to _____
(Time) (Date) (Time) (Date)

DIG SAFE # _____

Signature of Contractor

Title Date

APPROVED BY:

Director of Public Works Date

NOTIFY IN WRITING: 72 hours prior to excavation

PUBLIC WORKS DIRECTOR (485-4422)
POLICE DEPARTMENT (485-9173)
DIG SAFE (1-888-344-7233)

(FOR OFFICE USE ONLY)

PERMIT FEE PAID: \$150.00 YES NO
TO BE BILLED

BOND FURNISHED \$ _____
DATE FURNISHED: _____

CERTIFICATE OF
INSURANCE FURNISHED: YES ON FILE

SKETCH ATTACHED: YES NO

INSPECTION(S) DONE: _____
DATE

DATE

PENALTY: \$100.00 per violation