



TOWN: Dover, MA

FORM: Street Opening

DATE LAST REVISED: 5/18/09

**FORM INSTRUCTIONS:**

Fill out the form completely and return it to the Superintendent of Streets in the Town Garage between the hours of 8am-4pm Monday-Friday. There is a fee. Contact the Superintendent of Streets for the amount of the fee. Phone: 508-785-0058

Your permit will be reviewed and approved within 48 hours. You will be notified by the Superintendent of Streets when the permit is ready for pickup.

STREET EXCAVATIONS

Dig Safe No. \_\_\_\_\_  
Water Dept. Notified \_\_\_\_\_  
Scenic Road Hearing \_\_\_\_\_

**Town of Dover Massachusetts**  
**Application for Street Opening Permit**

No. \_\_\_\_\_ Date \_\_\_\_\_

To the Licensing Authorities:  
In accordance with the provisions of the statues relating thereto, application for a permit is here made by

\_\_\_\_\_  
(Full name of person, firm or corporation making application)

To \_\_\_\_\_

Location \_\_\_\_\_

Type of Construction \_\_\_\_\_

Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Date of proposed construction: Start \_\_\_\_\_ Duration \_\_\_\_\_ Days

Owner of property \_\_\_\_\_

Address of property owner \_\_\_\_\_

\_\_\_\_\_  
Location by street and number

The applicant hereby acknowledges and agrees to comply with the Town of Dover Regulations for Street Excavations which are incorporated herein by reference.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

Permit Issued \_\_\_\_\_

Bond Number \_\_\_\_\_

Inspected \_\_\_\_\_

Amount \_\_\_\_\_

Approved \_\_\_\_\_

Expires \_\_\_\_\_

Fee \_\_\_\_\_

Show sketch of proposed work on back of application or attach plans