



TOWN of BROOKLINE
Massachusetts
 Department of Public Works

PREAPPROVAL APPLICATION
 STREET OPENING/TRENCHING PERMIT

Erin Chute Gallentine
 Commissioner

DATE: _____ DIG SAFE #: _____ Public and/or Private

Applicant: _____

Address: _____

Emergency Contact Person: _____ Phone: _____

Insurance Co.: _____ Address: _____

Excavation Contractor: _____
 (If different from applicant)

Location: _____ Purpose: _____

SIZE OF SIDEWALK EXCAVATION: L= W= Depth= _____

TYPE: BIT CONC CONCRETE

SIZE OF ROADWAY EXCAVATION: L= W= Depth= _____

TYPE: BIT CONC CONCRETE GRAVEL

START DATE : _____

- NOTES:
1. All excavated materials must be hauled offsite and replaced with dense graded crushed stone.
 2. All excavations in the public way must be patched with Hot Mix Asphalt within the same day of excavation unless otherwise approved by the Commissioner of Public Works.

APPLICANT'S SIGNATURE: _____

DO NOT WRITE BELOW DOTTED LINE

YEAR ROADWAY WAS RECONSTRUCTED: _____ YEAR EXPECT/SCHED/ANTIC: _____

TYPE OF CONSTRUCTION: _____ SIGNS: _____ METERS: _____

COMMENTS: _____

GRANT OF LOCATION NEEDED: YES NO

 HOURS OF OPERATION

APPROVAL:

 Permit Inspector Date

 Director of Engineering/Transportation Date

 Commissioner Date