

Town of Mashpee

Department of Public Works

APPLICATION FOR PERMIT TO WORK WITHIN A PUBLIC WAY

This application must be submitted not less than forty-eight (48) hours prior to any work being performed within a Public Way. Submit to the Department of Public Works at 350 Meetinghouse Road, Mashpee.

Date_____

Applicant_____

Mailing Address_____

Telephone No._____ Fax No._____

Email Address: _____

Construction Supervisor's Name_____

Mass. State License #_____

Hoisting Operator's Name_____

Mass. State License #_____

Location of Proposed Work (*list street #, closest intersecting street and/or utility pole #*)

Assessors Map #_____ Block #_____

Type of Work: ☐ New Driveway ☐ Relocate Driveway ☐ New Road
 ☐ Utility Work ☐ Other_____

Date of Work _____ (*For new driveways, provide an estimate for start of construction on the property. Temporary driveway improvements must be completed prior to any construction proceeding.*)

Is a cut proposed? ☐ Yes ☐ No

If yes, where? (*check all that apply*)

☐ Arterial or Primary Collector Road ☐ Other Town Road
☐ Berm ☐ Curb ☐ Sidewalk ☐ Shoulder

Length of cut_____ Width of cut_____

Has Dig Safe been contacted to mark the location of existing utilities? ☐ Yes ☐ No
Dig Safe may be contacted at 1-888-344-7233.

Attach a plan drawn to scale showing, at a minimum, the following: (1) property lines; (2) adjacent road, sidewalk, etc.; (3) existing and proposed topography; and (4) proposed work. For work related to construction or renovation of a building, any separate construction access should also be shown as well as any proposed new utility connections. The temporary improvement of this access shall also be required.

I, the undersigned, declare that I have read and agree to the Town of Mashpee specifications for regulating work within public ways. I have deposited the required bond with the Town of Mashpee and I agree that the Town may deduct from this amount, or if no bond is required, recover from me the cost of any repairs to the road surface, curbs, shoulders, walls or other features within the right-of-way, including replacing bounds, if the permitted work is not completed and the right-of-way restored to the satisfaction of the Director of the Department of Public Works.

Signature of Applicant_____

***Upon completion of the permitted work, please notify the
Department of Public Works at 508-539-1420 for a final inspection.***

FOR OFFICE USE

☐ Permit Approved

☐ Permit Denied

If approved:

Permit # _____

Date of Issuance_____Expiration Date_____

1st Inspection_____2nd Inspection_____Final Inspection_____

Comments_____

If denied:

Reason for denial_____
