



Town of Brewster

www.brewster-ma.gov

Permit # _____ Date Issued _____

Map _____ Lot _____ Fee \$40.00 _____

DPW _____
508-896-3212

Water Dept. _____
508-896-5454

Health Dept. _____
508-896-3701 Ext. 1120

Building Dept. _____
508-896-3701 Ext. 1125

TRENCH PERMIT

Pursuant to G.L. c. 82A § 1 and 520 CMR 7.00 et seq. (as amended)

Name of Applicant _____

Mailing Address _____

Telephone # _____ Cell Phone # _____

Name of Excavator (if different from applicant) _____

Mailing Address _____

Telephone # _____ Cell Phone # _____

Mass Hoisting License # _____ Grade _____ Expiration Date _____

Name of Owner(s) of Property _____

Mailing Address _____

Telephone # _____ Cell Phone # _____

Description, Location and Purpose of Proposed Trench: _____

Name and Contact Information of Insurer (include copy of Liability Insurance)

Policy Expiration Date: _____

Print Name of Competent Person (as defined by 520 CMR 7.02)

Dig Safe # _____

Signature (Owner or Authorized Agent)

By applying for, accepting and signing this permit, the applicant attests that he/she and the person engaging in the trenching operation have read and understood Massachusetts General Law Chapter 82A and 520 CMR Section 14 regarding trench safety.

TRENCH PERMIT

_____

Post in plain view on the site of the trench

**Trench Permit violations shall be subject to fines as outlined
in Brewster Building Department Fee Schedule**