PERMIT FOR:	
STREET OPENING	
STREET OBSTRUCTION	
DRIVEWAY	
STREET CLOSING	

CITY OF HAVERHILL

APPLICATION FOR PERMIT
– NOT VALID IF OVER 30 DAYS –

PERMIT NOT VALID UNLESS SIGNED AND APPROVED BY INSPECTOR

DIG SAFE # _____

UTILITIES GIVEN 72 HOUR NOTICE YES NO
CITY COUNCIL APPROVAL GIVEN YES NO

NAME _____ PHONE NO. _____ EMERGENCY NO. _____

ADDRESS _____

LOCATION OF PROPOSED WORK _____ ZIP CODE _____

CONSTRUCTION REQUIREMENTS	
CONCRETE WALK	
ASPHALT WALK	
GRANITE CURB	
LONG TRENCH CONDITIONS	
NEW STREET CONDITIONS	
LOCATION CODE	
ROAD DESIGNATE	
POLICE REQUIRED	
TRAFFIC CONTROL DEVICES REQUIRED	X

NAME OF LICENSED PAVER _____

DESCRIBE FULLY NATURE OF PROPOSED WORK

_____

_____

DRAW SKETCH OF PROPOSED WORK OR FURNISH 2 COPIES OF SEPARATE DRAWING. SHOW LOCATION AND EXTENT OF PROPOSED WORK. INDICATE RELATIONSHIP TO EXISTING LIGHT POLES, HYDRANTS, TREES, TRAFFIC SIGNALS, ETC. SHOW RELATIONSHIP TO NEAREST INTERSECTION IF WITHIN 50 FEET. SHOW NORTH ARROW.

DESIRED STARTING TIME _____ APPROX. COMPLETION TIME _____

NAME OF INSURER _____ DATE OF EXPIRATION _____

NAME OF SURETY _____ AMOUNT _____ DATE OF EXPIRATION _____

THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE RULES, REGULATIONS, AND ORDINANCES OF THE CITY OF HAVERHILL AND ATTEST THAT I WILL DO ALL WORK IN CONFORMANCE WITH SAID RULES, REGULATIONS AND ORDINANCES.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICATION FOR PERMIT
- ☐ APPROVED
- ☐ APPROVED AS NOTED
- ☐ DENIED

CHECK NO. _____
AMOUNT PAID _____
DRAIN PERMIT NO. _____

COMMENTS: WILL BE USED BY INSPECTOR TO NOTE SPECIAL CONDITIONS UNDER WHICH PERMIT IS ISSUED OR TO EXPLAIN REASONS FOR DENIAL

_____

_____

_____

INSPECTOR'S SIGNATURE _____ DATE _____

DISTRIBUTION: WHITE - OFFICE (alphabetical order) YELLOW - (numerical order) GOLD - (contractor) PINK - (pavement restoration form)