

City of Taunton Street Opening /Curb Cut Permit

All items must be filled out completely.

Submittals normally are processed in 5 Business Days

Application for: **Driveway Entrance** _____ **Curb Cut** _____ **Street Opening** _____
Occupying Street _____ **Sidewalk Cut** _____

All Curb Cuts, Street Openings & Sidewalk Cuts must be **ADA COMPLIANT**

Location of work _____ Applicant is Owner: YES NO

Owner

Contractor (s)

Names _____

Addresses _____

City, State, Zip _____

Day Tel. No. _____

Emergency No. _____

Dig Safe Number _____

Description of work (include length, width and depth of any excavation, type and size of utility, etc. to be installed:

_____ **(X) Include a sketch of the work with this application**

Start Date: _____ **Completion Date:** _____ **Date Notified of Completion:** _____

The Contractor agrees to abide by the current version of Manual on Uniform Traffic Control Devices (MUTCD) for safety measures to be employed in conjunction with this permit. The Contractor understands that he/she is responsible for maintaining a safe work zone.

_____ **(Contractor's Signature)**

The Applicant agrees to conform to the pertinent statutes, ordinances and rules, to protect the work and guard against accident, to pay for inspection, to pay the cost of any damage or injury which may result from the work and to file a check or money order with the City Treasurer in the amount required under City Ordinances.

_____ **(Applicant's Signature)**

Note: Call the Street Division at least 24 hrs. before the start of the work described on this permit.

Official use only! *****

() State Permit Required () Under 5 Year Moratorium () After Nov. Cut-off Date (X) Requires Traffic Mgmt. Plan Approval by TPD

The Bond amount for this opening shall be: _____

_____ **Authorized Signature, T.P.D.** _____ **Date**

\$ _____, _____, _____, _____
Permit Fee Authorized Signature, DPW Commissioner Office Date Check#

Bond/Check# _____ in the amount of \$ _____, from _____ had

been placed on file with the City Treasurer's Office _____, _____
Assistant City Treasurer Date

_____ **Authorized Signature, DPW Commissioner's Office**

_____ **Date: Received from Treasurer's Office**

Application *** () Not Approved () Approved with Conditions (Attached)**

Field Inspector-Final Approval: _____ **Date:** _____