



**Town of Moultonborough
Public Works**

P.O. Box 139, 68 Highway Garage Rd
Moultonborough, NH 03254
603-253-7445- Office

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**Chris Theriault
Director of Public Works**

STREET EXCAVATION PERMIT

Date: _____

Location: _____

Tax Map _____ Lot# _____

Size of Excavation: _____ Width _____ Depth _____ Length _____

Distance of Excavation from pavement edge: _____

Closest Utility Pole #: _____

PURPOSE: To ensure that pavement/road restoration is accomplished in an efficient manner to produce the least inconvenience to the traveling public and to protect the taxpayers' investment.

I/we request permission to disturb the road surface at the above location in accordance with all town ordinances, for the purpose of:

I/We (Owner) _____ and I/we (the contractor)

_____ hereby agree to conform to the specifications set forth in the Town of Moultonborough, NH Town Ordinance 18 (attached):

Also please attach a sketch of the Excavation Site showing nearby landmarks (e.g. building w/ address, utility pole, streets, trees, fences, etc.), the size, and the location of excavation. *(Additional sheets or plan may be attached also)*

Necessary Data:

PROPERTY OWNER:

Name: _____

Address: _____

Phone#: _____

Signature: _____

APPLICANT: (if different from owner)

Name: _____

Address: _____

Phone#: _____

Signature: _____

CONTRACTOR:

Name: _____

Address: _____

Phone#: _____

Signature: _____

CONSTRUCTION DATES:

Start Date: _____

Completion Date: _____

DIG SAFE AUTHORIZATION #: _____

EMERGENCY CONTACT PEOPLE:

Name: _____

Address: _____

Phone#: _____

Cell #: _____

Name: _____

Address: _____

Phone#: _____

Cell#: _____

OFFICE USE ONLY

Approved by: _____ Date: _____

Director of Public Works, Town of Moultonborough

Approved by: _____ Date: _____

Board of Selectmen, Town of Moultonborough

Insurance Certificates: _____

Assess Fees: _____ Surety Bond Amount: _____

Other Notes: _____

Bond Amount: _____ Bond Received by: _____

Check #/Name: _____ Date: _____

Letter of Credit to Town from: _____

Date: _____ Amount: _____