

ROAD OPENING AND ALTERATION PERMIT

Location of Alteration-Address & Pole #

Name of Applicant

Phone

Mailing Address

Purpose of Application

Sketch of Proposed Alteration (attach detail)

The applicant understands that a Road Opening/Alteration Permit will not be issued until the above requirements have been completed. All applicants to be approved by the Director of Public Works, Town Engineer, and the Chief of Police. Any changes to this Permit will require resubmission of application.

Upon affixing signature to this application, the applicant agrees to any conditions governing the issuance of the permit and the Town of Scituate, its agents and designees be held harmless from any and all claims whatsoever arising from the exercising of said permit.

Signature of Owner/Applicant

Date

Name, address and telephone of applicant if different from owner

Signature of Public Works

Town Engineer

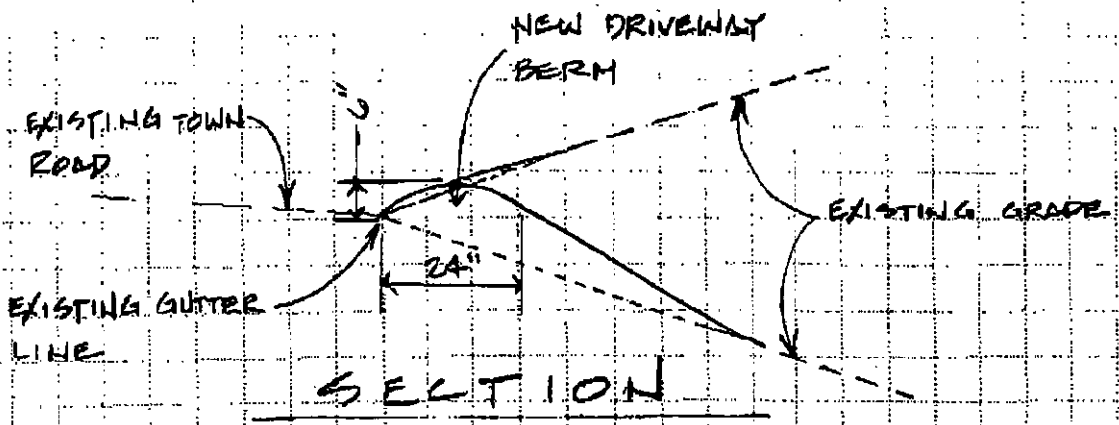
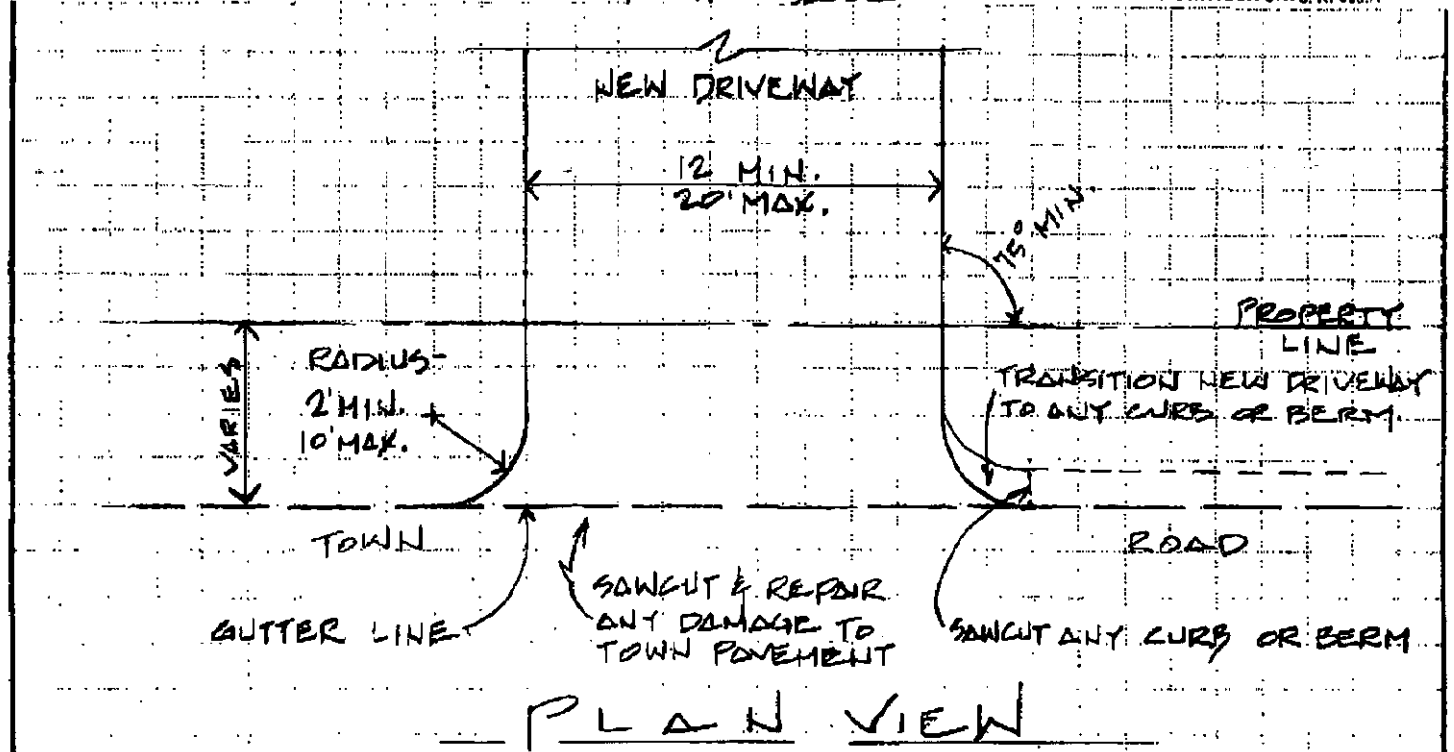
Police Department

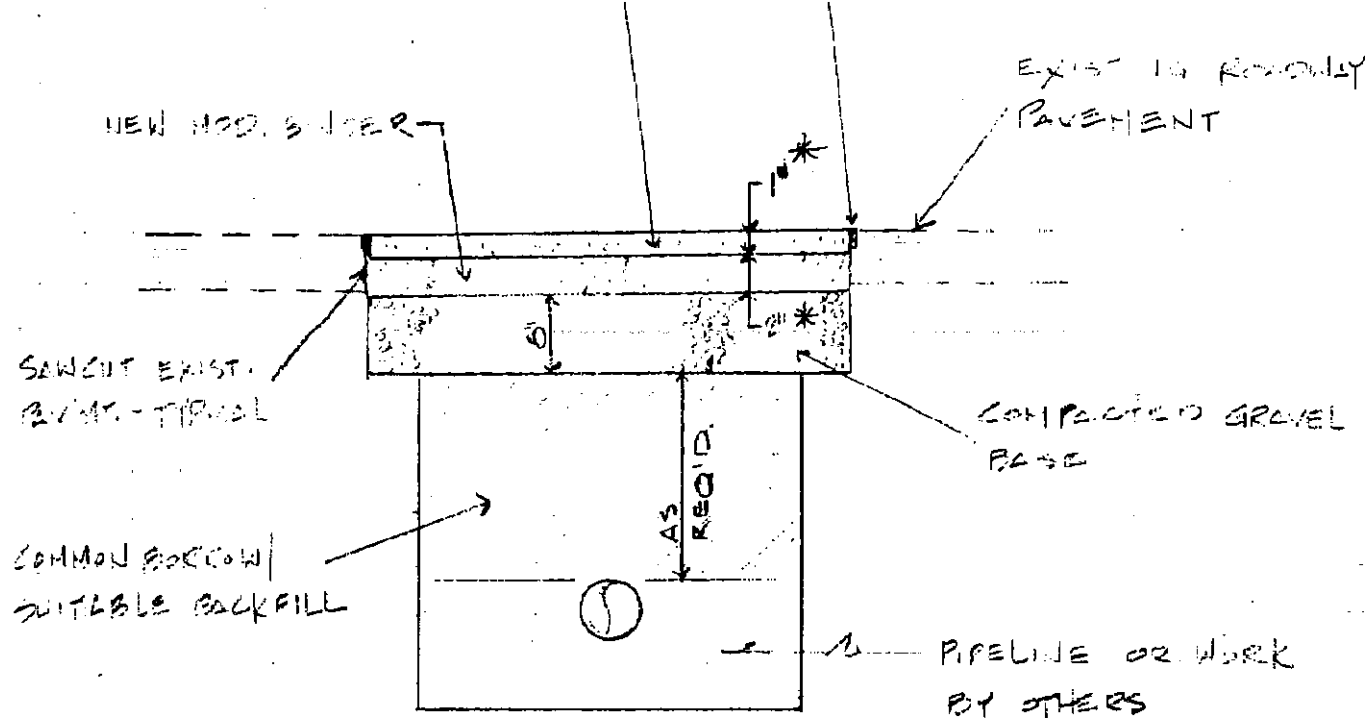
RESIDENTIAL DRIVEWAY PERMIT STANDARDS

NOT TO SCALE

P.O. BOX 328

NORTH SCITUATE, RI 02857





TYPICAL TRENCH PATCH DETAIL

NO SCALE

* OR 1/2" & 1 1/2"



TOWN OF SCITUATE

Contents:

TYPICAL DETAIL
TRENCH PATCH