The Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
www.mass.gov/dps

Print Form

Submit by Email

NOTICE OF ISSUANCE OF PERMIT FOR THE EXCAVATION OF TRENCHES*

Name of Permitting Authority: _____

Location of the Excavation as Indicated on the Permit Filed with the Permitting Authority:

Name of Location: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of the Excavator: _____

Name of the Competent Person: _____

Anticipated Date to Begin the Trench Operation: _____

Anticipated Date to Conclude the Trench Operation: _____

The public agency issuing the the permit shall electronically notify the Department of Public Safety of the permit's issuance. 520 CMR 14.03 (2) (c)