



The Commonwealth of Massachusetts

Department of Public Safety
One Federal Street - Suite
600 Boston, Massachusetts
02110-2012

www.mass.gov/dps

NOTICE OF ISSUANCE OF PERMIT FOR THE EXCAVATION OF TRENCHES*

Public Agency

Colleges

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: MA

Zip Code:

Name of the Excavator/Permit Holder:

24 hour emergency contact phone number.

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)

Brief Description of Work: