



*The Commonwealth of Massachusetts*  
*Department of Public Safety*  
*One Ashburton Place, Room 1301*  
*Boston, Massachusetts 02108-1618*  
 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:	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: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

\*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)