Permit No	•



## **City of Athol**

## **Right of Way Encroachment Permit Application**

Date:	Job Address:	
Assessor's parcel numb	per closest to site:	
Applicant:		
Phone #:	Email: _	
Contractor Name:		Reg. #
Address:		
Phone #:	Email: _	
Date work is scheduled	I to commence:	Completion date:
Purpose for work:		
Approx. area to be disturb		
Will the work require cutti	ng of the pavement? $\Box$	Yes □ No
Will the work require borir	ng under the road? $\Box$	Yes □ No
Will the work result in new	/additional utilities or stru	ctures within the right-of-way? $\Box$ No
If yes, describe location an	d extent:	
Attach a drawing (drawn t of site disturbing activity,	o appropriate scale) ident location of existing utilitie	ifying property lines, location and extent s (if known), location of pavement edge, ocation of driveways which may be
Code Enforcement: Has	s this site been issued a Sto □ No	op Work Order or Notice of Violation?
Application Fee:	Date Paid:	Receipt No.:

Permit	No.		
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## **Important Notices**

- CALL BEFORE YOU DIG! Call 811 to have underground utilities located at least 2 working days prior to any excavation work. It's required by State law and it could save your life.
- The right of way, street or alley shall be restored to a condition as good or better than the condition prior to excavation or cutting of the surface by the person causing the excavation. All work shall be done in a good and workmanlike manner within 90 days of the date the surface was disturbed.
- This permit shall be considered null and void if the work authorized by such permit is not conducted within the timeframes approved by this permit.

		Date:			
Applicant's Signature (attach owner's authorization if applicant is not property owner)					
City use only below this line					
Application Accepted as complete: _		Date:			
	City Clerk				
Reviewed and Approved by:		Date:			
	Public Works				
Comments/Conditions/Restrictions	·				