



TOWN OF HUDSON

Application and Permit to Excavate in a Street, Sidewalk and/or Rights-of-Way.

PERMIT NO. _____

PERMIT FEE \$75.00 (Non refundable)

Date: _____

Permittee _____

Address _____

Phone _____ 24 hr # _____

Location of Excavation _____

Purpose of Excavation _____

Excavation Area: Length _____ ft., Width _____ ft., Depth _____ ft.

Beginning Date of Excavation _____ Completion Date _____

Dig Safe Number _____ Plan filed _____ Yes N/A

Contractor Name _____

Address _____

Phone _____ 24 hr # _____

The undersigned hereby acknowledges the receipt of a copy of the Town of Hudson Excavation Regulations. Signature of Applicant or Agent: _____

By applying for this permit I agree to abide by all applicable Town, State, and Federal Requirements, Regulations and Conditions. I also agree to comply with the provisions and instructions issued by the Public Works Manager or his designee during the process of work.

Certificate of Insurance on file _____ Liab. & Workers Comp. _____

Bond Amount _____, Chk. # _____, Rec. # _____, Date _____

Permit Fee _____, Chk. # _____, Rec. # _____, Date _____

Date Approved _____ Disapproved _____

Special Conditions: _____ Reason(s): _____

Road Agent _____