

TOWN OF SWAMPSCOTT

DEPARTMENT OF PUBLIC WORKS
22 MONUMENT AVENUE
SWAMPSCOTT, MA 01907

Received Date:
Permit #:

APPLICATION FOR CURB CUT PERMIT

CONTRACTOR & BUSINESS NAME				
PHONE	Емаі	L		
OWNER NAME				
Address				
PHONE	Емаі	L		
Address				
Length of Cutft Start Date End Date				
Description of Project and Materials				
 Notify the DPW once work is complete Notify Dig Safe to mark location of existing utilities Costs Associated with curb cut are the responsibility of the applicant Curb cut must be completed by an excavator licensed in the Town of Swampscott All curb and sidewalk cuts must be ADA compliant In case said permit is granted, I hereby agree that I will, if required, keep said portion of street or sidewalk so occupied, enclosed by a proper barricade, will provide a suitable pedestrian walk, light the same at night sufficiently to secure the safety of passengers, and will leave said street/sidewalk unencumbered by any debris. I further agree to fully indemnify the Town of Swampscott against all claims for damages for injuries to persons or property, and against all costs, suits, and losses occasioned by or arising from such occupancy and use, and I further agree to pay all costs and damages which may be recovered against the Town by reason of, or on account of my occupancy of said street or sidewalk. I further agree that I will be responsible for the resurfacing and upkeep of said sections of excavated roadway or sidewalk. The expense of maintinaing and resurfacing shall be borne by me; and shall be my responsibility for not less than one year. The Director of Public Works reserves the sole discretion, as to the satifactory completeion of said resurfacing. 				
I further understand and agree that this permit is to be granted only upon the codition that the resrurfacing and cutting of any excavation of the street or sidewalk, and the removal of any debris or material not removed after the expiration of this permit shall be done by the Department of Public Works and the expense thereof borne by me; and that the permit shall be revocable at any time by the Director of Public Works.				
SIGNATURE OF APPLICA TOWN COMMENTS	NT	Print Name	DATE	
APPLICATION APPROVED:	☐ YES	☐ YES WITH CONDITIONS	□ No	
COMMENTS		DATE		