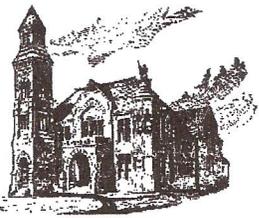


Trench Permit Application

Pursuant to MGL Chap. 82A Sec. 1 and 520CMR Sec. 7

	<p style="text-align: center;">Town of Monson 29 Thompson Street Monson, MA 01057 Tel 413-267-4111 Fax 413-267-4108 Email ptacy@monson-ma.gov</p>
Permit Number:	Permit Fee: \$35.00
Signature _____ Building Commissioner	Date of Issue:

Site Information

Property Address:	Use (single family, multi family, commercial, etc)
Will All Work Be Conducted Within the Boundaries of This Lot? <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

Property Owner Information

Name:	Phone:
Address (If different from above):	:

Excavation Contractor Information

Name:	Lic. Number and Grade:	Expiration Date:
Address:		
Number and street _____		
City/Town _____ Zip _____		
Signature:	Telephone:	Cell Phone:

Description of Proposed Work

Continued

By signing this form, the owner and excavator acknowledge and certify that they are familiar with, or, before commencement of the work, will become familiar with all laws and regulations applicable to work proposed, including OSHA regulations and any applicable municipal ordinances, bylaws and regulations and they covenant and agree that all work done under the permit issued for such work will comply therewith in all respects and with the conditions set forth below.

The undersigned owner authorizes the excavator to apply for the permit and undertake such work on the property of the owner, and also, for the duration of construction, authorizes persons duly appointed by the municipality to enter upon the property to monitor and inspect the work for the conformity with the conditions attached hereto and the laws and regulations governing such work.

The undersigned owner and excavator agree jointly and severally to reimburse the municipality for any and all costs and expenses incurred by the municipality in connection with this permit and the work conducted thereunder, including but not limited to enforcing the requirements of state law and conditions of this permit, inspections made to assure compliance therewith, and measures taken by the municipality to protect the public where the owner or excavator has failed to comply therewith including police details and other remedial measures deemed necessary by the municipality.

The undersigned owner and excavator agree jointly and severally to defend, indemnify, and hold harmless the municipality and all of its agents and employees from any and all liability, causes or action, costs and expenses resulting from or arising out of any injury, death, loss or damage to any person or property during the work conducted under this permit.

Owner Signature

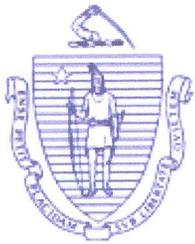
_____ Date _____

Excavator Signature

_____ Date _____

.....

**NOTE: THE ATTACHED WORKERS' COMPENSATION AFFIDAVIT
MUST BE SUBMITTED WITH EVERY PERMIT APPLICATION**



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual):

Address:

City/State/Zip: Phone #:

Are you an employer? Check the appropriate box:
1. I am a employer with employees (full and/or part-time).
2. I am a sole proprietor or partnership and have no employees working for me in any capacity.
3. I am a homeowner doing all work myself.
4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet.
5. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees.
Type of project (required):
6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name:

Policy # or Self-ins. Lic. #: Expiration Date:

Job Site Address: City/State/Zip:

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Date:

Phone #:

Official use only. Do not write in this area, to be completed by city or town official.
City or Town: Permit/License #
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other
Contact Person: Phone #: