



TOWN OF ROCKLAND

Telephone No.; 781.871.0596

Extension #3

Fax No.: 781.871.0596

Inspector of Buildings:
Zoning Enforcement Officer:
Tom Ruble

BUILDING DEPARTMENT
Town Hall
242 Union Street
Rockland, Massachusetts 02370

Administrative Assistant:
Bette L. Burrill

FEE: \$50.00 per trench
Permit Number _____

Date Issued _____

Expiration Date _____

TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 14.0et seq.(as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Name of Applicant			Phone	Cell
Street Address				
City/Town	MA	ZIP		
Name of Excavator (if different from applicant)			Phone	Cell
Street Address				
City/Town	MA	ZIP		
Name of Owner(s) of Property			Phone	Cell
Street Address				
City/Town	MA	ZIP		
Other Contact			Permit Fee Received No () Yes ()	
Description, location and purpose of proposed trench: Please describe the exact location of the proposed trench and its purpose (include a description of what is (or is intended) to be laid in proposed trench (eg; pipes/cable lines etc..) Please use reverse side if additional space is needed.				
Start Date _____			Finish Date _____	
Insurance Certificate #:				
Name and Contact Information of Insurer:				