



## **TOWN OF SEEKONK CURB CUT & DRIVEWAY PERMIT**

**PERMIT NO.** \_\_\_\_\_

**DIG SAFE NO.** \_\_\_\_\_

### **Application is made by**

Name \_\_\_\_\_

**Address** \_\_\_\_\_

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Telephone # \_\_\_\_\_

**Curb Cut Location** \_\_\_\_\_

**Description/Purpose of Work (Attach Plan)** \_\_\_\_\_

**Curb cut width in feet** \_\_\_\_\_ **by length** \_\_\_\_\_

**A \$100.00 non-refundable administrative and inspection fee will be charged for all Curb Cut and Driveway Permits.**

Approval, if given by the Town of Seekonk and accepted by said applicant shall be upon these express conditions: That said applicant shall conform to the statutes and by-laws of the Commonwealth of Massachusetts and Town of Seekonk in effect and that may hereafter be in effect; that this permit may be revoked at any time by the Public Works Superintendent; that between the hours of twilight and sunrise, the applicant will cause the road/sidewalk area to be safely marked by suitable signage or lighting and any excavated area to be completely filled or securely covered to allow for suitable vehicular or pedestrian traffic, and that during the workday period, the applicant if necessary shall have a suitable traffic control presence as determined by the Seekonk Police Department.

- 1) ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH TOWN BY-LAW CATEGORY 18 RIGHT -OF-WAY OPENING AND CATEGORY 18A CURB CUTS AND DRIVEWAYS.**
- 2) IT IS THE PROPERTY OWNER'S RESPONSIBILITY TO MAINTAIN OR HAVE THEIR CONTRACTOR MAINTAIN ANY DISTURBED AREA WITHIN THE RIGHT-OF-WAY TO A SAFE AND SUITABLE CONDITION FOR A PERIOD OF FIVE (5) YEARS FOLLOWING THE COMPLETION OF THE WORK.**
- 3) IF WORKING WITHIN A SIDEWALK AREA PLEASE SEE THE ATTACHED DETAIL FOR PROPER INSTALLATION METHOD.**
- 4) NO PERMIT WILL BE GRANTED DECEMBER 1, THRU MARCH 31.**  
**A) EXCEPTIONS:** A permit may be granted based on weather conditions and the availability of hot mix asphalt at the discretion of the Superintendent of Public Works.

This is to certify that the undersigned has applied to and received from the Town of Seekonk Public Works Superintendent, approval of which the above is a true copy, which is hereby accepted under the terms and conditions specified herein.

## Seekonk Public Works Department:

**Applicant:**

Date:

Date: