

City of Holyoke
Department of Public Works
63 Canal Street
Ph. (413) 322-5645
Fax (413) 539-6807



ROAD OPENING PERMIT APPLICATION

DPW Use Only

Permit Number: _____ Date of Filing: _____

Road Opening Fee: \$50.00 ☐ Received ☐ Cash ☐ Certified Check # _____

Liability Insurance Certificate Received: ☐ Yes ☐ No

Permit: ☐ Approved ☐ Denied Date: _____

Approved By: _____

Superintendent of Public Works

(See page 2 for conditions of approval or reason for denial)

The Permittee shall guarantee the integrity of the road opening excavation for twelve (12) months from the time it is permanently resurfaced. The Permittee shall make all repairs during the warranty period caused by settling, heaving, or cracking.

Applicant Information

Name of Applicant / Contractor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Tel # _____ Cell # _____

Contact Name (if different than applicant): _____

Contact Cell # (if different than applicant): _____

24 Hour Emergency Contact: _____ 24 Hour Emergency Cell # _____

Location and Description of Proposed Work

Street #: _____ Street: _____

Dig Safe Number: _____ Date Dig Safe Number Valid: _____

Estimated Dates of work: From _____ To _____

Purpose: ☐ Road Opening – Minor ☐ Road Opening – Major ☐ Other

Reason: ☐ Water Service Connection / Disconnection / Repair ☐ Sewer Service Connection / Disconnection / Repair

☐ Gas Service Connection / Disconnection / Repair ☐ Phone / Cable Installation / Disconnection / Repair

☐ Driveway Installation / Repair ☐ Other

Opening of: (check all that apply): ☐ Street ☐ Shoulder ☐ Curb ☐ Sidewalk

☐ Tree Belt ☐ Driveway ☐ Alley ☐ Other

Description of Proposed Work Continued

If Other, Please Explain:

Length of Road Opening: _____ feet Width of Road Opening: _____ feet

Has roadway been resurfaced within the last 5 years? ☐ Yes¹ ☐ No

¹If yes, request for waiver of Pavement Cut Moratorium may be required.

Does work involve the cutting or trimming of trees within the City's right-of-way? ☐ Yes² ☐ No

²If yes, Applicant/Contractor is responsible for obtaining approval from the City Forester prior to tree removal or trimming.

Please provide a sketch or plans of the proposed work with this application.

Applicant / Contractor Certification

The undersigned applicant / excavator agrees to reimburse the City of Holyoke for any and all costs and expenses incurred by the City 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 city to protect the public where the applicant and or contractor has failed to comply therewith including police details and other safety or remedial measures deemed necessary by the city.

The undersigned applicant / excavator agrees to defend, indemnify, and hold harmless the City 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.

The undersigned hereby certifies that they have read and examined this application and that the proposed work is accurately represented in the statements made in this application and that all work shall be executed in accordance with the terms and conditions of said permits, the City of Holyoke Standard Policy for Road Opening Permits, Holyoke's Road Repair Specifications, City Ordinances and all other applicable laws in effect and understand that deviations from the approved permit requirements shall result in immediate revocation of the permit and require immediate restoration of disturbed area to pre-construction conditions.

Signature of Applicant / Contractor

Date

CONDITIONS OF APPROVAL or REASON FOR DENIAL