

CITY OF LYNN
INSPECTIONAL SERVICES DEPARTMENT
LYNN CITY HALL, 3 CITY HALL SQUARE, ROOM 401
LYNN, MA 01901

(781) 598-4000 FAX# (781) 477-7031

TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 7.00 et 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.				
Insurance Certificate #:				
Name and Contact Information of Insurer:				
Policy Expiration Date:				
Dig Safe #:				

Name of Competent Person (as defined by 520 CMR 7.02):

