



Town of Millbury Sewer Department

MUNICIPAL OFFICE BUILDING • 127 ELM STREET • MILLBURY, MA 01527 Tel. 508 / 865-9143 • Fax: 508 / 865-0843

Sewer Trench Permit Check List

- ☐ Dig Safe Number
- ☐ Name and contact information of permit holder (copy of driver's license)
- ☐ Name and contact information of excavator (copy of driver's license)
- ☐ Name of competent person (copy of driver's license)
- ☐ Name of person(s) performing the excavation of the trench (copy of driver's license)
- ☐ Copy of Mass. Hoisting license grade and expiration date of the person(s) performing the excavation of the trench
- ☐ Permit expiration date (if applicable)
- ☐ Specific location of the trench (drawing showing street & structure)
- ☐ Name and contact information of insurer (copy of policy)
- ☐ Check this box to certify that you have read and understand the OSHA and DPS trench regulations.



Sewer Department

TOWN OF MILLBURY

MUNICIPAL OFFICE BUILDING • 127 ELM STREET • MILLBURY, MA 01527-2632 • TEL. 508 / 865-9143 • FAX. 508 / 865-0843

PERMIT # _____ DATE: _____

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:
Street Address:	Cell:
City/Town	State: Zip:
Name of Excavator (if different from applicant)	Phone:
Street Address:	Cell:
City/Town	State Zip:
Name of Property Owner(s)	Phone:
Street Address:	Cell:
City/Town	State: Zip:
Permit Fee Received: No () Yes ()	Received Date:

Insurance Certificate #:
Name and Contact Information of Insurer:
Policy Expiration Date:

Dig Safe #:

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

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:



Sewer Department

TOWN OF MILLBURY

MUNICIPAL OFFICE BUILDING • 127 ELM STREET • MILLBURY, MA 01527-2632 • TEL. 508 / 865-9143 • FAX. 508 / 865-0843

Massachusetts Hoisting License #	Expiration Date:
License Grade:	

BY SIGNING THIS FORM, THE APPLICANT, OWNER AND EXCAVATOR ALL 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, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY CONVEYANT 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 applicant to apply for the permit and the excavator to 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 conformity with the conditions attached hereto and the laws and regulations governing such work.

The undersigned applicant, owner and excavator agree jointly and severally to reimburse the municipality in connection with this permit and the work conducted thereunder, this permit, inspections made to assure compliance therewith and measures taken by the municipality to protect the public where the applicant, owner or excavator has failed to comply therewith including police details and other remedial measures deemed necessary by the municipality.

The undersigned applicant, 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 actions, 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.

APPLICANT SIGNATURE: _____

Date _____

EXCAVATOR SIGNATURE (if different): _____

Date _____

OWNER'S SIGNATURE _____

Date _____

**TOWN OF MILLBURY
SEWER DEPARTMENT
SUMP PUMP NOTIFICATION FORM**

I _____, am aware that Connecting a Sump Pump
(Print Owner's Name)

To the Town's Sewerage System is a direct violation of the Town of Millbury's Rules and Regulations, Article III, Section I, punishable by a fine not to exceed \$5,000.00 per day, as long as the violation occurs.

Owner's Signature

Date

**MILLBURY BOARD OF HEALTH
MILLBURY, MASSACHUSETTS 01527**

Date _____

Within 30 days from date of common connection to common sewer I shall empty and fill septic tank or cesspool with suitable fill.

Property Owner's Signature:

Address:

Date of Connection: _____

Date tank or cesspool filled: _____

Inspected by: _____

Inspected by: _____

Millbury Board of Health

*This form must be signed before sewer connection permit is issued to Installer.