

**TOWN OF HAMPDEN
MASSACHUSETTS**

Town House
625 Main Street
Hampden, MA 01036
Fax: 413-566-2010



APPLICATION FOR ROAD OPENING PERMIT

NAME OF APPLICANT: _____ DATE: _____

ADDRESS OF APPLICANT: _____

DAY PHONE: _____ EVENING PHONE: _____

NAME OF CONTRACTOR: _____

ADDRESS OF CONTRACTOR: _____

DAY PHONE: _____ EVENING PHONE: _____

LOCATION OF WORK: _____

NATURE OF WORK: _____

ANTICIPATED START DATE OF WORK: _____

ESTIMATED DURATION OF WORK: _____

DIG SAFE REQ'D? _____ NUMBER: _____ DATE NOTIFIED: _____

BUILDING DEPT. APPROVAL: Yes _____ No _____ N/A _____ Date: _____

CONSERVATION APPROVAL Yes _____ No _____ N/A _____ Date: _____

HILLSIDE/RIDGELINE APPROVAL Yes _____ No _____ N/A _____ Date: _____

POLICE DEPT. APPROVAL Yes _____ No _____ N/A _____ Date: _____

HIGHWAY DEPT. APPROVAL Yes _____ No _____ N/A _____ Date: _____