

TOWN OF WEST WARWICK
OFFICE OF THE TOWN ENGINEER
1170 MAIN STREET
WEST WARWICK, RI 02893

PHONE: (401) 827-9017

FAX: (401) 822-9252

www.westwarwickri.org

ROADWAY ALTERATION PERMIT APPLICATION

PERMIT #: _____ DATE: _____ DIG SAFE #: _____

ADDRESS OF EXCAVATION: _____

NATURE AND PURPOSE OF WORK (check all below that apply):

ROAD OPENING

GAS

SEWER

TELEPHONE/ELECTRIC

WATER

STORM DRAIN

OTHER

MAIN

SERVICE

SCHEDULED

EMERGENCY

CURBING/SIDEWALK

NEW INSTALLATION

REPLACEMENT

APPLICANT MUST PROVIDE A DETAILED SKETCH TO SCALE SHOWING THE LOCATION, DIMENSIONS AND APPROXIMATE DEPTH OF THE PROPOSED EXCAVATION, ANY OTHER UTILITIES IN THE IMMEDIATE AREA, AND A NORTH ARROW.

APPLICANT/ADDRESS: _____

24-HOUR PHONE #: _____

APPLICANT'S CLIENT _____

CLIENT ADDRESS: _____

The undersigned applicant agrees to conduct all work in conformance with rules and regulations contained within Sections 16-60 through 16-72 of the West Warwick Code and with all orders as may be issued by the Town Engineer. The applicant further agrees to indemnify the Town and hold it harmless from any and all damages sustained by said Town, or claims made against the Town on account of injuries or property damage suffered by the Town, or any persons using said highway or road due to said excavation, or for the failure of the applicant herein to comply with the provisions of Sections 16-60 through 16-72 of the Code. The applicant further agrees to provide to the Town Engineer proof that it has complied with all rules and regulations as may be adopted and promulgated by the Department of Environmental Management regarding such excavation.

SIGNATURE OF APPLICANT: _____ DATE: _____

(OFFICE USE ONLY)

PERMIT FEE: _____ DATE REC'D: _____

BONDING:

EXP. DATE: _____

AMOUNT: _____

BONDING
COMPANY: _____

INSURANCE COVERAGE:

EXP. DATE: _____

[GENERAL LIABILITY] \$ _____

[PROFESSIONAL LIABILITY] \$ _____

[HAZARDOUS/ENVIRONMENTAL INSURANCE] \$ _____

[WORKERS' COMPENSATION] \$ _____

INSURANCE
COMPANY: _____

SKETCH ATTACHED TO APPLICATION? YES [] NO []

ROAD OPENINGS OVER 50 FEET? YES [] NO []

OPENINGS OVER 50 FEET/GAS LINE INVOLVED? YES [] NO []

APPROVED BY: _____

DATE: _____

(APPROVAL SUBJECT TO THE ATTACHED CONDITIONS)