



Director of Inspection Services

Town of Belchertown
 2 Jabish Street
 Belchertown, MA 01007
 (413) 323-0402
 Fax (413) 323-0411

Permit Number: _____
 Date Issued: _____
 Expiration Date: _____
 Residence: ___ Commercial: ___
 Permit Fee: \$25.00

TRENCH PERMIT APPLICATION	
This Section For Official Use Only	
Permit Number: _____	Date Issued: _____
Dig Safe Number: _____	
Signature: _____ <small>or [Permitting authority]</small>	
SECTION 1 - SITE INFORMATION	
1.1 Property Address: Street Name _____ City / Town _____ Zip Code _____	1.3 Description, location and purpose of proposed trench: _____ 1.4 Anticipated Date to Begin Trench Operation _____
1.2 Map Number _____ Lot/Parcel Number _____ Builder's Lot No _____ Block _____	1.5 Anticipated Date Conclude Trench Operation _____
SECTION 2 - PROPERTY OWNERSHIP AND PERMIT HOLDER INFORMATION	
2.1 Owner of Record:	
Name: (Print) _____	Address: _____
Signature _____	Telephone: _____
2.2 Excavator Permit Holder Information:	
Name: (Print) _____	Address _____
Signature: _____	Telephone/Emergency Contact Number _____
2.3 Name and Contact Information of Insurer:	
Company Name _____	Telephone _____
Address _____	
Insurance Certificate #: _____	Policy Expiration Date _____