Town of Falmouth
Public Works Department
Excavation Permit

Date: _______________  Permit #: (Auto-number)

APPLICANT DOING WORK _____________________________________________________________

APPLICANT ADDRESS ___________________________________________________________________

PHONE # __________________________ 24 HOUR EMERGENCY # _______________________________

LOCATION OF EXCAVATION _______________________________________________________________________

PURPOSE OF EXCAVATION _____________________________________________________________________

PROPOSED START DATE ______________________ PROPOSED COMPLETION DATE ______________________

Applicant shall conform to Chapter 14, Division IV (Excavations) of the Town Code.
The Applicant Shall Notify The Director Of Public Works When Excavation Will Begin At Least 24 Hours Beforehand.
Permit Shall Become Null And Void 30 Days From Issuance.
Non-emergency excavations shall occur between March 31st and December 1st.
A 5-year moratorium applies to newly paved roads.
Traffic Control shall be approved by the Director of Public Works and/or Chief of Police.

Applicant’s Signature _______________________________________________________ Date ________________________

APPLICANT HAS NOTIFIED DIG SAFE (1-888-344-7233 or www.digsafe.com):

DIG SAFE NUMBER: ___________________________ DATE ISSUED: ______________________

Non-Dig Safe Members within the Town Of Falmouth, That Should Be Notified Separately,
Can be found at www.oktodig.com

Approved By: ________________________________ Date ___________ APPROVED____ DENIED____

Director of Public Works (or Designee)

Pavement Restoration/Trench Size:  Estimated:____________Sq.Yds@ $25/SY = $____________

Measured:____________Sq.Yds@ $25/SY = $____________

Sidewalks  Measured:____________Sq.YdsAdditionalfee = $____________

Amount to be Refunded = $____________