

Goffstown Department of Public Works
404 Elm Street – Goffstown, NH 03045
Telephone: (603) 497-3617 Fax: 497-5700

STREET EXCAVATION APPLICATION AND PERMIT NO. _____ -
APPLICATION FEE: \$125.00 (NON-REFUNDABLE) CHECK # _____
Re-inspection fee (if applicable): \$200.00

ADDRESS OF STREET OPENING _____ **STARTING DATE** _____ **COMPLETION DATE** _____
MORATORIUM: NO YES **If yes, release date** _____
Size of excavation: _____ Width x _____ Depth x _____ Length

Surety Bonds must remain in effect for 15 months after completion of project. It is applicant's responsibility to call DPW 15 months after completion to request bond return.

Bond Amount: \$2.50 x width x length = \$ _____ (or Min. \$300 required)
Distance of excavation from curb or pavement edge (feet) _____
Purpose of Excavation _____
Dig Safe # _____ Cert. Of Insurance # _____ Surety Bond on file: _____

I (we) hereby agree to be bound by the provision of the Ordinances, Specifications, and Regulations of the Town of Goffstown governing excavations in/or under Municipal Streets & Roadways to such special conditions, restrictions, and regulations as may be imposed by the Dept. of Public Works & Highways. **The Town of Goffstown shall be named as additional insured with proof of insurances required per the Town of Goffstown Street Excavation Rules (6/27/16).**

The undersigned acknowledges that it is the responsibility of said signer to request timely inspections by any authority having jurisdiction. The undersigned also acknowledges that a satisfactory inspection does not constitute any representation by the town as to the quality of the work nor imply any guaranty, warranty or representation of fitness of the work.

Applicant Name/Company (Print) Signature Date

Street address Telephone #

City, State, Zip Code Fax #

Permit holder shall notify Police Department prior to excavating. The Public Works Director reserves the right to deny issuance of the Street Excavation Permit(s) to applicants who have left an excavation incomplete or in sub-standard condition.

Auth. to proceed: _____
DPW Director or Town Engineer Date
Compaction Test: _____
Result/Printed Name/Company Date
Bond Release: _____
DPW Director or Town Engineer Date