

CITY OF PORTLAND, ME
PERMIT REQUEST FOR STREET OPENINGS

PERMIT NUMBER _____

DIG SAFE NUMBER _____

24 HOUR NO: _____

Company Name: _____ Date Request: _____

Address: _____ Phone No: _____

Hereby request permission to excavate _____

Street number and name

Beginning _____ Ending _____ dates of proposed work.

Purpose, scope, and limits of work to be done; including the utility and description of materials to be used:

If this is an **EMERGENCY**, has work been completed? YES _____ NO _____
Date & Time

Location, size, and number of pavement cuts anticipated: _____

Method of excavation and compaction: _____

DIAGRAM OF WORK

ALL CONTRACTORS/INDIVIDUALS MUST NOTIFY THE CITY OF PORTLAND, PUBLIC WORKS DISPATCH AT 874-8493 THE MORNING OF THE EXCAVATION AND ONE HOUR BEFORE COMPACTION TEST AND SEWER INSPECTIONS

Licensed Excavator's Signature

Date