



COMMUNITY SERVICES DEPARTMENT
 271 MAST ROAD
 DOVER, NH 03820
 (603) 516-6450

EXCAVATION PERMIT APPLICATION

APPLICANT

CITY

Date: _____
 Applicant Name: _____
 Company: _____
 Phone: _____
 Address: _____
 City/State/Zip: _____
 24 HR EMERGENCY TELEPHONE: _____
 E-mail: _____

Permit to be issued via email unless otherwise instructed

DIGSAFE #: _____
 Effective Date: _____
 Insurance Certificate #: _____
 Insurance Agency: _____

Copy of insurance certificate required

Excavation Location: _____
 Scheduled Start Date: _____
 Temp. Patch Date: _____
 Excavation Type:
 Open Cut Other: _____
 Excavation Size:
 _____ Width _____ Length _____ Sq. Ft. _____ Depth
 Total Sq. Ft. Pavement Effected: _____
 Total Sq. Ft. Infrastructure Effected: _____
 Purpose of Excavation:
 Water Sewer Drainage Gas
 Electric Telephone Other: _____
 Type of Work:
 New Construction Alteration Repair/Replace

Permit #: _____
 Approved By: _____
 Approval Date: _____
 Expiration Date: _____
 Project Name: _____
 Conditions: _____
 Extended on: _____
 Extension Expiration: _____

Fees:
 New Permit Renewal
 Administration and Inspection Fee: \$200.00
 (non-refundable)

Two Year Surety (\$7/sq ft)
 _____ sq ft x &7.00 (refundable) \$ _____

Street Damage Fee (\$7/sq ft)
 _____ sq ft x \$7.00 (nonrefundable) \$ _____

Infrastructure Damage Fee (\$3.50/sq ft)
 _____ sq ft x \$3.50 (nonrefundable) \$ _____

Pavement Life Reduction Factor \$ _____
 (nonrefundable)
 < 2 yrs. old - 3 x street damage fee
 2-5 yrs. old - 2 x street damage fee
 > 5 yrs. old - no pavement life reduction factor
 Pavement Age: _____

Sub-total \$ _____
 Previous Payments \$ _____

Total Due: \$ _____

Paid: check #: _____
 Paid: cash: Admin Initials: _____

By undersigning this application, the Applicant acknowledges that he/she has read and hereby agrees to abide by the City of Dover's Sidewalks and Highways Ordinance Chapter 125; Section 8 Permit Required to Work in Public Roads, Sidewalks, and City rights-of-way and to any other ordinances, special conditions, restrictions, and regulations may be imposed by the Director of Community Services.

Applicant's Signature: _____ Date: _____

Sketch location of excavation and dimensions of trench in box provided below

