CITY OF FRANKLIN, NEW HAMPSHIRE

Municipal Services Department

"The Three Rivers City"

43 West Bow Street
Franklin New Hampshire 03235

Tel: (603) 934-4103
Fax: (603) 934-7409
www.franklinnh.org

Digging Permit

No.: _____ **Date:** _____

Street Address for Proposed Project: _____ **Franklin, NH 03235**

Owners Name:				
Address (where owner resides):				
Telephone (Contact info):	(Home Phone)	(Work Phone)	(Cell Phone)	(email)

Contractors Name:				
Contact Information:	(Home Phone)	(Work Phone)	(Cell Phone)	(email)

Beginning Date: _____ Completion Date: _____

Type of Permit: ☐ Water Service ☐ Sewer Service ☐ Other Service: Specify _____

☐ Renewal ☐ Construction ☐ Repairs

1. The permit is issued in the name of the contractor, listed above, and it is their obligation to MEET all of the conditions of this permit.
2. All cuts made in the asphalt or concrete will be made with a pavement breaker or abrasive wheel saw.
3. No ragged edges will be allowed along the length or width of the pavement cuts.
4. Trench fill to be either material excavated from the ditch at the site or Bank Run Gravel with no material exceeding 6" in diameter. This fill will be compacted in 1 foot depth intervals to within 1 foot of finished grade.
5. 10" to 12" of 1 ½ inch crushed gravel will be used to within 2" of finished grade, and a minimum of 2" of temporary asphalt (cold patch) shall be added before the Contractor leaves the site (Daily). All loose gravel and other materials shall be removed from the site each day.
6. Not sooner than two weeks and not more than four weeks from the date of trenching, the Contractor shall hot asphalt pave the trench area to the Municipal Services Director's specifications.
7. All streets that have been paved in the last five years will have infrared road repairs one year after completion.
8. Failure to comply with these requirements shall result in prohibition of future work by the Contractor in City Streets.
9. The Contractor is responsible for any damage to City property for a period of three years.

Contractor's Signature: _____ Date: _____

Municipal Services Signature: _____ Date: _____

City Clerk Signature: _____ Date: _____

Fee due: $150.00 Amount Paid _____ How paid ☐ Cash ☐ Check # _____