



The Commonwealth of Massachusetts

Pursuant to G.L. c. 82A §1 and 520 CMR 14.00 et seq.  
(as amended)

**Town of Granby**  
Health Department

215B West State Street  
Granby, MA 01033  
Phone: (413) 467-7174

**SEPTIC SYSTEM CONSTRUCTION TRENCH PERMIT APPLICATION**

DIG SAFE NUMBER:

**Do not write in the section below**

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_  
or [ Permitting authority]

**SECTION 1 - SITE INFORMATION**

**1.1 Property Address:**

Street Name \_\_\_\_\_

Zip Code \_\_\_\_\_

City / Town \_\_\_\_\_

**1.3 Description, location and purpose of proposed trench:**

1.4 Anticipated Date to Begin Trench Operation \_\_\_\_\_

1.2 Map Number \_\_\_\_\_ Lot/Parcel Number \_\_\_\_\_  
Builder's Lot No \_\_\_\_\_ Block \_\_\_\_\_

1.5 Anticipated Date Conclude Trench Operation \_\_\_\_\_

**SECTION 2 - PROPERTY OWNERSHIP AND PERMIT HOLDER INFORMATION**

**2.1 Owner of Record:**

Name: (Print) \_\_\_\_\_

Address : \_\_\_\_\_

Signature \_\_\_\_\_

Telephone: \_\_\_\_\_

**2.2 Excavator Permit Holder Information:**

Name: (Print) \_\_\_\_\_

Address \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: / Emergency Contact Number \_\_\_\_\_

**2.3 Name and Contact Information of Insurer:**  
On file with Installer's Permit Information at Board of Health office

BY SIGNING THIS FORM, THE APPLICANT/EXCAVATOR AND OWNER, ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH,

ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

**OVER**

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT/EXCAVATOR TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERING SUCH WORK.

THE UNDERSIGNED APPLICANT/EXCAVATOR AND OWNER AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT/EXCAVATOR AND OWNER AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT. .

\_\_\_\_\_  
EXCAVATOR SIGNATURE

DATE \_\_\_\_\_

\_\_\_\_\_  
OWNER'S SIGNATURE (IF DIFFERENT)

DATE \_\_\_\_\_

For City/Town use -- Do not write in this section

PERMIT APPROVED BY BOARD OF HEALTH

SIGNATURES \_\_\_\_\_ DATE: \_\_\_\_\_

TRENCH PERMIT OFFICER **Building Commissioner /Inspector of Buildings**