**PERMIT #**

**Town of Freeport**

**Department of Public Works**

**207-865-4461**

Excavator License Application

Annual License, Renewable January 1st

License Fee : $ 180.00

Company Name: Years in business:

Co. Business Address:

Home Address:

Company Telephone: Fax: Home Tel:

* INSURANCE:

**(Please provide certificate of Insurance naming Town of Freeport as additional insured - $400,000 minimum).**

**Fax a copy of your insurance binder to Public Works at 865-0244.**

* Do you have access to the proper excavating and compaction equipment to comply with the Street Excavation Ordinance?

Enumerate:

* Are you familiar with O.S.H.A. safety regulations pertinent to this type of work?
* Have you read Chapter 15: Street Excavation Ordinance and understand it sufficiently to comply with all its contents and regulations?
* Individuals to contact in case of an emergency:

 Name / Address / Phone:

 Name / Address / Phone:

 Name / Address / Phone:

*I certify that all of the above information is accurate and I/we agree to conform with all applicable rules and regulations of the Town of Freeport.*

Signature of Applicant: Date:

Approved by: Date:

Rejected by: Date: Reason:

Fee collected:$