



# TOWN OF PLYMOUTH

Department of Public Works  
 11 Lincoln Street  
 Plymouth, Massachusetts 02360  
 Phone (508) 747-1620 Ex.124  
 FAX (508) 830-4081

Permit Number 07-  
 Assessors Map \_\_\_\_\_  
 Application Date \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 Completion Date \_\_\_\_\_

## YOUR PERMIT HAS BEEN REVOKED

Name of Applicant			Phone ( ) -
Company			Cell ( ) -
Street Address			Night ( ) -
Town	MA	ZIP	Emerg.( ) -
Other Contact		Permit Fee Received No ( ) Yes ( )	
Comments		Installers License N/A ( ) Yes ( )	
Insurance Certificate #		Bond#	
Project Location			
Type of Work			
Area of Opening Other ( ) Shoulder ( ) Sidewalk ( ) Street ( )			
Time of Work 9:00AM to 4:00 PM ( ) 7:00 AM to 5:00PM ( ) Approved Other ( )			
Purpose of Work - New ( ) Replace ( ) Repair ( ) Other			
Utility Type - Gas ( ) Drainage ( ) Sewer ( ) Water ( ) Telephone/Cable/Other ( )			
Non-utility - Driveway ( ) Sidewalk ( ) Other			
Remarks			

DIG SAFE # \_\_\_\_\_ DATE \_\_\_\_\_  
 FOR \_\_\_\_\_

For Town use -- Do not write in this section	
PERMIT REVOKED BY	INITIALED
Title	DATE
SIGNATURE	
REASON PERMIT REVOKED	
REQUIREMENTS TO REISSUE PERMIT	