

**CITY OF GREENFIELD
DEPARTMENT OF PUBLIC WORKS**

189 Wells Street, Greenfield, MA 01301

Phone: 413-772-1528

APPLICATION FOR ACCESS

Address of access: _____

Date of application: _____

OWNER INFORMATION:

Name: _____

Mailing Address: _____

Phone 1: _____

Phone 2: _____

Email: _____

CONTRACTOR/EXCAVATOR INFORMATION:

Name: _____

Mailing Address: _____

Phone 1: _____

Phone 2: _____

Email: _____

Please provide contractor's current insurance certificate if not already on file at the DPW.

PROJECT DETAILS:

Type of access: **New access** **Modification of existing access**

Do you need to excavate any material? **Yes** **No**

➤ If yes, please provide the Dig Safe #: _____

Is access on a State Road? **Yes** **No**

➤ If yes, please provide the Mass Highway Department Permit #: _____

Approximate date project will begin: _____

Is any work within 100 feet of a wetland or within 200 feet of a stream or river? **Yes** **No**

➤ If yes, applicant must file the project with the Greenfield Conservation Commission.

