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-

INSPECTION FORM

SITE LOCATION _____

Name of Applicant	**Phone ( ) -**
Company	**Cell ( ) -**
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	

Excavation Inspection **Date** _____, _____

Abiding to Conditions set forth in Permit **YES ( ) NO ( )**
Safe Work Zone **YES ( ) NO ( )**

Comments _____

Backfill Inspection **Date** _____, _____

Removal of Excavated Material **YES ( ) NO ( )**
Suitable Backfill Material Being Used **YES ( ) NO ( )**
Compacted in 6 Inch Lifts **YES ( ) NO ( )**
Controlled Density Fill (CDF) Being Used **YES ( ) NO ( )**

Comments _____

Temporary Patch Inspection **Date** _____, _____

Comments _____

Permanent Patch Inspection **Date** _____, _____

Comments _____

Final Inspection **Date** _____, _____

Comments _____

Public Safety Issues **YES ( ) NO ( )**
Warning Delivered Date ____ / ____ / ____ **YES ( ) NO ( )**
Compacted in 6 Inch Lifts **YES ( ) NO ( )**
Controlled Density Fill (CDF) Being Used **YES ( ) NO ( )**
Inspections 3 Month ( ) 6 Month ( ) 9 Month ( ) 12 Month ( )

FINAL SIGN-OFF BY DPW _____ **Name** _____ **Title** _____	**DATE** / /

Comments _____
_____