

Harvard Public Works Department

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FEE: _____

PERMIT # _____

PARCEL: _____

LOCATION: _____

TOWN OF HARVARD RESIDENTIAL CONNECTION APPLICATION

DATE: _____, 20____

OWNER NAME: _____

MAILING ADDRESS: _____

No.

Street

City

State

Zip

CONTRACTOR: _____

BUSINESS ADDRESS: _____

No.

Street

City

Location _____ feet in a _____ direction from utility pole # _____ on the
_____ side of _____.

Subdivision Lot#: _____

TYPE OF WORK TO BE DONE: (Please place an **X** in front of the proper category)

____ New Construction

____ Reconstruct or resurface existing

Type of Surface:

____ Gravel

____ Stone Material

____ Hot Top

____ Other: _____

Describe work to be done: _____

*Call connection Inspector prior to commencement of work to schedule a preliminary inspection and to validate permit. Failure to do so will result in a "Stop Work Order". Call (978) 456-4130 between 8:00 A.M. and 4:30 P.M. Monday through Thursday.

Preliminary Inspection

Date

Final Inspection

Date

Public Works Director