

WATER WORKS CONSTRUCTION PERMITS

APPLICATION FOR RELEASE AGREEMENT

CITY OF CAMBRIDGE MASSACHUSETTS

TELEPHONE: 617-349-4770; FAX: 617-349-4796; TTY/TDD: 617-492-0235

“PERMIT APPLICATION FOR WATER WORKS CONSTRUCTION”
(Please print or type, complete entire form)

DATE: _____ PERMIT # _____

TO THE CAMBRIDGE WATER DEPARTMENT:

Pursuant to the requirements of City Ordinance “Chapter 13.08” M.G.L. Chapter 40, Sections 39E and 39G; in accordance with “N.F.P.A. 25”, “248 CMR 2:00”, “310CMR 22”, CWD Construction and Operating Procedures, and any other regulations and standards incorporated by reference herein, the undersigned hereby acknowledges the receipt of the CWD’s;

- A** Conditions of Approval
- B** Fire Hydrant Rental, Pump Test and Flow Test Agreement
- C** Requirements for Backflow Preventor Installation
- D** Multiple Inspection Form (large projects)

and request permission to construct, test, improve or install the apparatuses described below at the following location:

Address: _____ C.W.D. Grid Map _____

_____ Permit Completed _____

Part I: Water Works Improvements- provide brief description & circle general waterworks category that best describes the nature of work.

1. Meter/OSR _____ Account # _____
2. Water Service _____
3. Water main _____
4. Back flow Prevention _____
5. Hydrant _____
6. Fire Pump Test _____

A scale drawing of the property location, showing the plot plan of the building(s), limits of the City right-of-way and the location of the proposed water works improvements must be included as part of the submittal.

Part II: Connection Information & Customer Usage Data - Please Circle

Main: 4 - 6 - 8 - 10 - 12 - 16 - 20 - 24 - 30 inches Service: 1 - 1 1/2 - 2 - 4 - 6 - 8 inches

Acct.: Commercial/Industrial/Institutional/Residential Material: DICL / Type K copper

Part III: Owner and Contractor Information

Owner Signature: _____ Contractor Signature: _____

Name: _____ Name: _____

Bus. Tele.: _____ Emerg. Tele.: _____ Bus. Tele.: _____ Emerg. Tele.: _____

Address: _____ Address: _____

Contractor/Tester or

Drain Layer Contractor Signature: _____ Date: _____

Name: _____ Bus. Tele.: _____ Emerg. Tele.: _____

Address: _____

Part IV: Requirements and Sign Off (Circle all applicable: a, b, c, d, e, f, g)

a. Dig Safe No.: _____
Mark-out by CWD (Provide 24-hour notice to CWD): _____ Date _____

b. Inspection by CWD (Provide 24-hour Notice to CWD): _____ Date _____

c. Pressure/Pump Test (witnessed by/certification): _____ Date _____

d. Disaffection (witnessed by/certification): _____ Date _____

e. Public Works Department (Notification) _____ Date _____

f. Cambridge Emergency Communications _____ Date _____

g. Plumbing Permit, Inspectional Services Dept. _____ Date _____

Part IV: Permit Approval

Estimated Cost of Construction: _____ Refundable Retainer (10%
of Construction Cost W/ \$150 Minimum)

Estimated amount of water to be used: _____ hundred cubic feet

Fee: _____ Check No.: _____ Deposit: _____ Check No.: _____

Approved (Cambridge Water Department) _____ Date: _____

Print Name: _____

This Permit is not effective until all approvals have been granted by the CWD.
(No Water taps allowed on Fridays)

Start Date: _____ Expiration Date: _____