

Town of Freeport
Department of Public Works
207-865-4461

Excavator License Application

Annual License, Renewable January 1st

License Fee : \$ 180.00

Company Name: _____ Years in business: _____

Co. Business Address: _____

Home Address: _____

Company Telephone: _____ Fax: _____ Home Tel: _____

INSURANCE: _____
(Please provide certificate of Insurance naming Town of Freeport as additional insured - \$400,000 minimum).
Fax a copy of your insurance binder to Public Works at 865-0244.

Do you have access to the proper excavating and compaction equipment to comply with the Street Excavation Ordinance?

Enumerate: _____

Are you familiar with O.S.H.A. safety regulations pertinent to this type of work? _____

Have you read Chapter 15: Street Excavation Ordinance and understand it sufficiently to comply with all its contents and regulations? _____

Individuals to contact in case of an emergency:

Name / Address / Phone: _____

Name / Address / Phone: _____

Name / Address / Phone: _____

I certify that all of the above information is accurate and I/we agree to conform with all applicable rules and regulations of the Town of Freeport.

Signature of Applicant: _____ Date: _____

Approved by: _____ Date: _____

Rejected by: _____ Date: _____

Reason: _____

Fee collected: \$ _____

Please make checks payable to the Town of Freeport.