



# Cambridge Electrical Department

CED Permit # \_\_\_\_\_

DPW Permit # \_\_\_\_\_

UTILITY PERMIT APPLICATION  
250 Freshpond Parkway, Cambridge, MA 02138  
Tel. 617-349-4925 Fax 617-349-4913

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor Performing Work: \_\_\_\_\_  
" If different from above"

Contractor Contact Person: \_\_\_\_\_

Contractor Telephone: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

**NOTE: If this work involves excavating or trenching an Excavation Permit is REQUIRED from Department of Public Works. (617-349-4833)**

**If necessary attach additional information if this form does not allow.**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_