

City of Boston Public Works Department  
**GUARANTEED STREET COBUCS CONFLICT DETAILS**

**COBUCS GUARANTEED PAVING DATE:**

**PERMITTEE INFORMATION**

Company Name:	
Date of COBUCS Entry:	COBUCS #
Contact Name:	
Contact Phone Number:	Email:

**Place X Next to Appropriate Category of Who is Requesting Work**

Home Owner	Developer	General Contractor
Site Plan Engineer	Business Owner	In-House

**(UTILITY COMPANIES ARE NOT REQUIRED TO FILL OUT BELOW DETAILS UNLESS REQUESTED BY CITY)**

Originator Name:	
Company Name:	
Date of Request:	
Contact Phone Number:	Email:

**SCOPE OF WORK INFORMATION**

Neighborhood:	
Street Name:	Address:
Limits (From-To) If Applicable:	

**WILL AGREE TO SAW CUT ALL OPENINGS AND USE A ROLLER WHEN COMPACTING ASPHALT**

**Explanation of Why Guaranteed Street Needs To Be Cut Into**


**Work Type:** Place X Next to Appropriate Name

Service (Existing Structure)	Service (New Building Construction)	Service (Oil to Gas) [Gas Companies Only]
Maintenance	New Main/Conduit	Emergency
Casting	Other	

**Excavation Area Information (Length X Width)**

Estimated Number of Cuts:		
Cut Size 1:	Cut Size 2:	Cut Size 3:
Cut Size 4:	Cut Size 5:	Cut Size 6:
Additional Cut Details:		


**Total Estimated Sq Feet Area:**

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**Estimated Time Table of Work**

Estimated Start Date:	Estimated Completion Date:
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