



Inspection Job No. _____

**TOWN OF DARTMOUTH
ENGINEERING DIVISION**

APPLICATION FOR INSPECTIONAL SERVICES

A. GENERAL INFORMATION

1. Applicant/Owner:

Name

Mailing Address

City/Town State Zip Code

Telephone # Email Address

2. Contractor:

Company Name Contact Person

Mailing Address

City/Town State Zip Code

Telephone # Email Address

B. PROJECT INFORMATION

1. Project/Site Location:

Location (Street Address)

Tax Assessors Map & Lot Number

Project Scope

Has the Plan been Approved by DPW Engineering Yes No

MassDEP File No. (if applicable)

C. FEE INFORMATION / CALCULATION

1. Estimated Construction Start Date: _____

2. Total Estimated Project Cost: \$ _____

3. Fee: _____

\$ _____ x 0.05 = \$ _____

(Estimated Construction Cost)

(Estimated Inspection Fee)

Total Estimated Inspection Fee: \$ _____

Note: Balance of Estimated Inspection Fee to be returned to the applicant at the end of the project upon submittal of as-built utility plan(s). The applicant shall be responsible for payment of additional Inspection Fees should the estimated fee not be sufficient to fund the engineers inspectional requirements.

Please make payment to Town of Dartmouth