

**CITY OF WORCESTER
DEPARTMENT OF PUBLIC WORKS AND PARKS**

CERTIFICATE OF PERMANENT PAVEMENT RESTORATION

A completed Certificate of Permanent Restoration is required of all Contractors who have received a street opening permit in the City of Worcester.

CONTRACTOR'S NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

LOCATION OF WORK: _____

PERMIT NO.: _____ **DATE WORK COMPLETED:** _____

SIGNATURE: _____

Do Not Write Below This Line

Verified by City of Worcester Inspector: _____ **Date:** _____ **Initials:** _____

Comments: _____

_____ **Approved** _____ **Approved as Noted** _____ **Disapproved**

Action Recommended: _____

NOTICE!

PLEASE NOTE: This form must be completed and returned to this office. The Contractor will be responsible for their work for a period of two (2) years after this Certificate is received and approved by this office. The Department of Public Works and Parks will consider all repairs temporary until receipt of this Certificate.

**Mail Completed Certificate To: Department of Public Works and Parks
Permit Office
20 East Worcester Street
Worcester, MA 01604**

[Print Form](#)