



**TOWN OF WEBSTER WATER DEPARTMENT
WATER RELAYS AND TAPS
508-949-3861**

CONTRACTOR'S CERTIFICATION #: _____ PERMIT #: _____

TRENCH PERMIT # _____

DIG SAFE START DATE: _____ DIG SAFE # _____

APPLICATION FEE: _____ METER PURCHASE (Y) (N) FEE: _____

CHECK NO.: _____ DATE OF ISSUE: _____

******THIS PERMIT EXPIRES TEN DAYS FROM DATE OF ISSUE OR NOVEMBER 15. PERMIT WILL BE NULL AND VOID AND FEES SHALL BE FORFEITED AND APPLICANT WILL NEED TO REAPPLY INCLUDING PAYMENT OF FEES******

PROPERTY INFORMATION

STREET LOCATION _____

MAP _____ PARCEL _____

PROPERTY OWNER NAME _____

ADDRESS IF DIFFERENT FROM ABOVE _____

PHONE NUMBER _____

INSTALLER INFORMATION

DRAINLAYERS LICENSE # _____ EXP. DATE _____

PROPER NAME OF LICENSEE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY _____ STATE _____

BUSINESS PHONE: _____ FAX: _____

COMPANY OFFICAL, TITLE: _____

ADDRESS _____

HOME PHONE: _____ INSURANCE CERTIFICATE _____

I hereby agree to be bound by the attached terms and conditions as a condition of this permit and further agree that failure to remedy any violation of these terms will result in the revocation of this permit and the right to do excavation in a public way in the Town of Webster. I further agree and recognize that this is a permit for installation or repair of Water lines only and does not convey approval to excavate in any public way without appropriate permits. Traffic regulations or any other regulation of the town of Webster highway or police departments or any other authority having jurisdiction, must be adhered to.

I hereby certify that I have delivered a copy of full General Liability insurance with premises/operations, underground coverage and collapse hazard and completed operations insurance with the town of Webster named as additional insured party for no less than \$500,000 for each accident and a total limit of \$1,000,000 in the aggregate for all damages and requirements as a result of my working in a public way.

APPLICANT'S NAME (PLEASE PRINT) _____

APPLICANT'S SIGNATURE: _____ DATE: _____

TOWN APPROVAL BY: _____ DATE: _____

INDIVIDUAL PERMITS SHALL BE KEPT ON JOBSITE AT ALL TIMES OR WEBSTER'S ENFORCEMENT OFFICIALS SHALL HAVE THE OPTION TO CLOSE THE JOB DOWN UNTIL ALL PERMITS ARE IN HAND AND ON SITE.

INSPECTED BY _____ DATE _____

PRINT NAME _____



Town of Webster- Water & Sewer Department

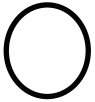
SERVICE SKETCH

Property Address: _____

Pipe Size: _____ Material: _____

Installed Date: _____ Installed By: _____

North



Large empty rectangular area for drawing the service sketch.