

# Drain Layers Application Instructions

Complete form and return in person to the Water/Sewer Department Located at 38 Hill Street with all required documents and a check payable to the “Town of Webster”

## DRAIN LAYERS RENEWAL CHECKLIST

- Certificate of Liability Insurance
- Worker’s Compensation Affidavit Form Completed
- Fee Paid

## NEW DRAIN LAYERS PERMIT CHECKLIST

- Certificate of Liability insurance
- Worker’s Compensation Affidavit Form Completed
- 2 Letters of Recommendation/ Copies of Permits
- Fee Paid



**Town of Webster**  
**Water & Sewer Department**  
P.O. Box 793  
Webster, MA. 01570  
508-949-3861 or 508-949-3865  
Fax - 508-949-3868

**DRAIN LAYERS  
APPLICATION**

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

**Permit Type: Drain Layers \$ 150.00**

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

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Emergency Contact Information:** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**State of Incorporation:** \_\_\_\_\_ **SS# or FEIN #** \_\_\_\_\_

**Type of Application:** **New** \_\_\_\_\_ **Renew** \_\_\_\_\_

**Have you ever obtained a Drain Layers Permit in Webster in the past?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If No, please provide two written letters of recommendation or copies of two permits issued through other towns.**

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I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the operation will comply with all town rules and regulations set forth by the Town of Webster.

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_