



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.

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:** _____

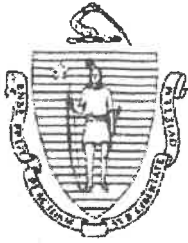
DRAIN LAYERS

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



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. ☐ Board of Health 2. ☐ Building Department 3. ☐ City/Town Clerk 4. ☐ Licensing Board
5. ☐ Selectmen's Office 6. ☐ Other _____

Contact Person: _____ Phone #: _____