



Town of Webster Water Department

38 Hill Street

Webster, MA 01570

Phone: 508-949-3861 Fax: 508-949-3868

New

Relay

WATER RELAY AND TAP PERMIT

PERMIT INFORMATION

Permit #: _____ Date of issue: _____ Approved by: _____

Contractor's Cert. #: _____ Trench Permit #: _____

DigSafe #: _____ DigSafe Start Date: _____

Application Fee: _____ Check No.: _____

This Permit expires 10 days from Date of Issue or November 15, whichever is earlier. Permit will be null and void. Fees will be forfeited and Applicant will need to re-apply.

PROPERTY INFORMATION

Location of property: _____

Map: _____ Parcel: _____

Property owner name: _____

Owner mailing address: _____

Telephone: _____

INSTALLER INFORMATION

Drainlayer's License #: _____ Name of Licensee: _____

Company Name: _____

Company Address: _____

Company Official, Title: _____

Business 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 regulation or any other regulation of the town of Webster highway or police departments or any other authority having jurisdiction.

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.

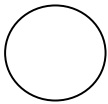
Individual permits shall be kept on the job site at all times or Webster's Enforcement Officials shall have the option to close the job down until all permits are in-hand and on-site.

Applicant Name: _____ Date: _____

Applicant Signature: _____

SERVICE SKETCH:

Pipe Size: _____ Pipe Material: _____



North

Inspected By: _____

Date: _____

Print Name: _____

White Copy = Contractor/Owner

Yellow Copy = Water Dept. Field Inspection

Pink Copy = Water Dept. Office