

CHERRY VALLEY & ROCHDALE WATER DISTRICT

148 HENSHAW STREET, LEICESTER, MA 01524

MAILING: PO BOX 138

ROCHDALE, MA 01542-0138

T: (508) 892-9616 F: (508) 892-4371

ATTACHMENT III

APPLICATION FOR DRAINLAYER PERMIT

LICENSE No.: _____ (OFFICE WILL ISSUE NUMBER)

DATE: _____ .

I, _____ hereby apply for a license to make connections to the

(Individual/Firm Name)

Cherry Valley and Rochdale Water District distribution system during the calendar year _____.

I understand that I am required to pay sixty-two dollars (\$62.00) filing fee which will be refunded in full if the license is rejected. *(Please make check payable to: Cherry Valley Rochdale Water District.)* I further understand that said license gives me the general right to work on the distribution system provided that I have delivered the necessary insurance certificates.

Once the license is issued to _____

(Individual/Firm Name)

-The licensee will be required to obtain the permits needed for each individual job and to comply with all the District's Rules and Regulations.

- Two (2) Letters of Reference from communities in which the applicant is already licensed

- The applicant is fully responsible to be properly insured by a major insurance carrier licensed to operate in the Commonwealth of Massachusetts. A certificate of insurance in the minimum of five hundred thousand dollars (\$500,000.00) to cover public liability and a certificate of insurance covering workmen's compensation shall be filed, all of which shall remain in full force and effect for a period of at least one (1) year from the date of original approval and each calendar year thereafter upon renewal

(Signature of Applicant)

ATTACHMENT III

CHERRY VALLEY AND ROCHDALE WATER DISTRICT

DRAINLAYER PERMIT (PAGE 2)

Applicant's Mailing Address: _____

Applicant's Telephone #: _____

Applicant Email: _____

Approved

Disapproved

Date: _____

Commissioner

Commissioner

Commissioner

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