



TOWN OF MERRIMAC
DEPARTMENT OF PUBLIC WORKS
2 School Street, Merrimac, MA. 01860
(978) 346-0525

Date: February 1, 2017

To: Drain Layer Applicants

From: Merrimac Department of Public Works

Re: Applying for a Permit or Permit Renewal

Please submit the following documents for both new and renewal permits. All documents must have the same company name, and all documents must be submitted, completely filled out, at once. Incomplete forms will not be accepted, and it is the Drain Layers duty to supply the Town with updated copies of any document included in the application as they expire. Please be advised that your drain layers permit will expire on December 31st of each year, and it is the sole responsibility of the applicant to renew each year.

1. Completed Drain Layer Permit Application (2 pages)
2. Any out-standing property as-built's (if applicable)
3. Check for \$100 payable to the Town of Merrimac
4. Current copy of Liability Insurance listing the Town of Merrimac as additional insured.
5. Copy of Hoisters License
6. \$10,000 road opening bond, designating the Town of Merrimac

Please review the Water and Sewer By-Law's available on the Town of Merrimac's website prior to start of work. All contractors are held responsible for following these By-Law's, failure to do so may result in loss of Permit to work in the Town of Merrimac.

[Click Here For Sewer By-Law](#)

[Click Here For Water By-Law](#)

Sewer instructions can be found in the by-law.
[Click Here for Water Instructions & Specifications](#)



**TOWN OF MERRIMAC
PUBLIC WORKS DEPARTMENT
2 School Street, Merrimac, MA 01860
978-346-0525**

APPLICATION FOR APPROVED DRAINLAYER

APPLICANT INFORMATION

(Please print)

Company Name: _____

Company Address: _____

Telephone: _____

Contact Name/Position or Title: _____

Application Type: New Renewal (skip to APPLICANT SIGNATURE)

| COMPANY INFORMATION | |
|---|---------|
| Provide names and addresses of all persons having a financial interest in this company. In the case of a corporation, provide names of all officers and directors. In the case of a partnership, provide names of all partners. Attach additional sheet if necessary. | |
| Name | Address |
| | |
| | |
| | |

| LICENSES / CERTIFICATES | | |
|---|-------|----------------------------|
| List current, valid approvals from other municipalities. If a master plumber, provide certificate/license number. | | |
| Municipality/District | State | Certificate/License Number |
| | | |
| | | |
| | | |

| EXPERIENCES / REFERENCES | | |
|--|--|--------------|
| How many years have you or your company been in the business of underground utility installation: _____ years | | |
| Provide references of three (3) underground utility installations completed with corresponding letters of reference from these three (3) agencies. | | |
| Contact Name | Municipality/District/Governing Agency | Phone Number |
| | | |
| | | |
| | | |

The APPLICANT hereby certifies to the accuracy of the information represented in this application. The undersigned hereby applies to become an approved drainlayer in the Town of Merrimac and agrees to conform to all lawful rules and regulations relative to the installation of utilities in the Town of Merrimac and to provide access for purposes of inspection by authorized agents of the Town. Signature of APPLICANT is required along with application fee. Checks shall be payable to *Town of Merrimac*.

Applicant Signature: _____

Date: _____

Print name: _____

| | |
|---|--------------------------------|
| APPROVED BY THE PUBLIC WORKS DIRECTOR ON BEHALF OF THE WATER AND SEWER DEPARTMENTS | |
| Date: _____ | _____ Public Works Director |



**TOWN OF MERRIMAC
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INDEMNIFICATION

The contractor shall indemnify and hold harmless the Town of Merrimac and its agents and employees from and against all claims, damages, losses and expenses, including attorney's fees, arising out of or resulting from the performance of work which is described or otherwise addressed in the attached permit provided that any such claims, damages, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including the loss of use resulting therefrom; and is caused in whole or part by any negligent or willful act or omission of the contractor, and or subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable.

Contractor: _____

Address: _____

Signature: _____

The contractor's signature shall be witnessed by a Notary Public who shall duly notarize this form.

Notary Public: _____
Printed Name

Notary Public: _____
Signature

Date: _____