

SEWER OFFICE FILE INFORMATION

LICENSE FEE: \$10.00

LICENSE NO. _____

DATE PAID: _____

EXPIRES ON: _____

APPLICATION FOR DRAIN LAYER LICENSE

Town of Smithfield Sewer Authority

64 Farnum Pike
Smithfield, RI 02917
(401) 233-1066

NAME: _____ DATE: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE NO: _____

NEW APPLICATIONS ONLY: Three (3) Letters of Recommendation must be submitted to the Smithfield Engineering/Sewer Department, at least two (2) of the recommendation letters must be from a municipality.

ALL APPLICANTS (RENEWALS / NEW) must file with the Town of Smithfield's Sewer Authority the application for this license and a certificate or certificates of insurance in the amount(s) not less than the following:

PUBLIC LIABILITY-----\$1,000,000.00
PROPERTY DAMAGE-----\$1,000,000.00

Said insurance shall remain in full force and effect for the duration of this license.

◆ NO LICENSES WILL BE ISSUED UNTIL THE PROPER INSURANCE AND RECOMMENDATION LETTERS ARE FILED WITH THE TOWN. ◆

APPLICANT ACKNOWLEDGES THAT HE/SHE HAS READ THE RULES & REGULATIONS OF THE TOWN OF SMITHFIELD SEWER AUTHORITY, INCLUDING ARTICLE IV THEREOF, AND HEREBY ACCEPTS AND AGREES TO ALL OF THE REQUIREMENTS CONTAINED THEREIN, INCLUDING APPLICANT'S OBLIGATION TO INDEMNIFY THE TOWN OF SMITHFIELD AND THE TOWN OF SMITHFIELD SEWER AUTHORITY AND TO HOLD THEM HARMLESS FOR ANY DAMAGE AS A RESULT OF APPLICANT'S WORK PURSUANT TO THIS LICENSE.

NO WORK SHALL BE SUBLET BY A LICENSED DRAIN LAYER UNDER THE LICENSE THAT WOULD IN ANY MANNER DIVEST THE DRAIN LAYER OF THE FULL CONTROL AND RESPONSIBILITY OF THE JOB HE/SHE IS WORKING ON.

ALL WORK AND CONDUCT OVER AND ABOVE THE INSPECTION PHASE, E.G., EXCAVATION, LAYING OF PIPE AND CONNECTIONS, OTHER RELATED WORK AND THE DEPARTMENT OF YOUR EMPLOYEES ARE SUBJECT TO THE SUPERVISION AND APPROVAL OF THE SEWER SUPERVISOR AND/OR SUPERINTENDENT AND/OR HIS/HER DESIGNATED REPRESENTATIVE.

APPLICATION FOR DRAIN LAYER LICENSE

INSURANCE _____ AMOUNT _____ EXPIRATION _____

I am familiar with all local, State and Federal Rules, Regulations, Ordinances and Statutes relating to the work anticipated to be done pursuant to this license including Occupational Safety Health Administration (OSHA) requirements, which include safety devices for trench depths over 5 feet, and I will abide by same.

Drain Layer's Signature

Date

LIST EMPLOYEES WHO WILL OPERATE EQUIPMENT:

Name of Operator

RI Operator License No. _____

Name of Operator

RI Operator License No. _____

Name of Operator

RI Operator License No. _____

Name of Operator

RI Operator License No. _____

Note: This application permitting work in Smithfield shall expire one (1) year from the date granted. License Fee: \$10.00, check payable to the Town of Smithfield.

APPROVED BY THE TOWN OF SMITHFIELD'S SEWER AUTHORITY ON THE
_____ DAY OF _____, 2008.

Sewer Authority Authorization