



Town of Millbury *Department of Public Works*

MUNICIPAL OFFICE BUILDING • 127 ELM STREET • MILLBURY, MA 01527 Tel. 508 / 865-9143 • Fax: 508 / 865-0843

Robert D. McNeil, III, P.E. • Director
rmcneil@townofmillbury.net

SEWER COMMISSIONERS

Gary Nelson, Chairman

Happy Erickson, Clerk

Lisa Allain, member

APPLICATION FOR DRAINLAYER'S LICENSE

(Application must be made in ink and in handwriting of applicant)

I, _____, do hereby make application for a license to engage in the business of drainlaying in Millbury.

1. Residence _____ Telephone _____

2. Date _____

3. Present Occupation _____

4. How many year of experience have you had in the drainlaying business? _____

5. In what capacity? _____

6. Where did you learn the drainlaying business? Give names and addresses of employees.

7. State in detail how you would lay a drain to a main sewer.

APPROVED

Board of Selectman

Date: _____

Signature of Applicant

**TOWN OF MILLBURY
DRAIN LAYER LICENSE
SUB-CONTRACTOR LIST**

COMPANY: _____

ADDRESS: _____

We do not use sub-contracts: _____

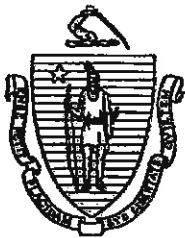
The following is a list of sub-contractors: _____

Company Name: _____
Contact Person: _____
Address: _____
Phone: _____

Company Name: _____
Contact Person: _____
Address: _____
Phone: _____

Company Name: _____
Contact Person: _____
Address: _____
Phone: _____

Company Name: _____
Contact Person: _____
Address: _____
Phone: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|--|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other _____

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

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

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

Insurance Company Name: _____

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

Job Site Address: _____ City/State/Zip: _____

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

Failure to secure coverage as required under Section 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 (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____

TOWN OF MILLBURY
SELECTMEN'S OFFICE
MILLBURY, MASSACHUSETTS

HOLD HARMLESS: The contractor further agrees to indemnify and save Harmless the Town of Millbury and its elective or appointive executive officers and commission members hereinafter referred to as the Town of Millbury from and against any and all claims, demands, actions, or defense costs, on account of personal injuries or death, or damages, injury or liability is contributed to by the negligence of the Town of Millbury or its employees or agents and whether due to imperfections in any materials furnished by the Town of Millbury or by the premises themselves or any equipment thereon, or from other causes whatsoever, except that the contractor shall have no liability for damages or the losses incident thereto caused by the sole negligence of the Town of Millbury.

INSURANCE: Prior to the start of any work required under this contract, the contractor agrees to furnish the Town of Millbury with a completed certificate of insurance of a form and in amounts and types of coverage as required by the Town of Millbury. Renewal certificates must be furnished at least ten (10) days prior to the expiration of any coverage's required hereunder.

DATE: _____

BY _____

(Title – Pres. Owner Partners)

(Address)

(Telephone)

APPLICATION FOR DRAIN LAYERS LICENSE

TRENCH SAFETY ADDENDUM

**To: Board of Sewer Commissioners
Town of Millbury, MA**

The undersigned, being the

(Company Name)

(Address)

(City or Town)

(Telephone Number)

certifies that I have read and understand the sewer use by-laws and drain layer's rules and regulations for the Town of Millbury. I also certify that I have read and understand the Millbury Sewer Connection construction memorandum dated December 9, 2008 pertaining to Trench Safety regulations and Massachusetts Open Trench Safety Regulations.

I further understand that any violation of these requirements shall be cause for revocation of this license.

Date & Signature _____

Owner/Owner Representative

TOWN OF MILLBURY

MINIMUM INSURANCE REQUIREMENTS

Before you or any of your employees shall do any work under contract with the Town of Millbury, or before the issuance of any permits for activities in the Town of Millbury, you must have your insurance carrier complete and return a Certificate of insurance indicating coverage as being in effect to the limits indicated below. The Certificate when returned must be in typed form, **FULLY COMPLETE**, as to the information requested, and signed by the authorized representative of the insurance carrier.

TYPE OF COVERAGE	LIMITS		
	Each Person	Bodily Injury Each Occurrence	Property Damage Each Occurrence
*Public Liability, Personal Injury	\$250,000	\$500,000	\$100,000
Complete Operations Products	\$250,000	\$500,000	\$100,000
+ Contractual	\$250,000	\$500,000	\$100,000
Independent Contractor	\$250,000	\$500,000	\$100,000
Automobile Liability	\$250,000	\$500,000	\$100,000
Workmen's Compensation	Statutory		

*The Town of Millbury must be named as an additional insured under the Public Liability Policy.

Property damage, including coverage for damage caused by collapse, explosion or underground hazards, if such coverage would ordinarily be excluded by reason of the classification and code numbers used to describe the insured operations. (Applies to any operations involving excavation, demolition, drilling, or handling of hazardous materials among others.)

+ Contractual Liability shall include all liability assumed by the insured under all written agreements or permits issued by or for the Town of Millbury.

Must provide the Town with a \$3,000 Drainlayers Bond. Must sign Hold Harmless Clause.