



**TOWN OF WEBSTER WATER DEPARTMENT  
SEWER CONNECTION PERMIT  
508-949-3865**

CONTRACTOR'S CERTIFICATION #: \_\_\_\_\_

PERMIT #: \_\_\_\_\_ TRENCH PERMIT # \_\_\_\_\_

DIG SAFE START DATE: \_\_\_\_\_ DIG SAFE # \_\_\_\_\_

APPLICATION FEE: \_\_\_\_\_ CHECK NO.: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_

**\*\*\*\*THIS PERMIT EXPIRES TEN DAYS FROM DATE OF ISSUE OR NOVEMBER 15, WHICHEVER IS EARLIER. PERMIT WILL BE NULL AND VOID AND FEES SHALL BE FORFEITED AND APPLICANT WILL NEED TO REAPPLY INCLUDING PAYMENT OF FEES AFTER EXPIRATION.\*\*\*\***

**PROPERTY INFORMATION**

STREET LOCATION \_\_\_\_\_

MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**INSTALLER INFORMATION**

DRAINLAYERS LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PLUMBERS LICENSE # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PROPER NAME OF LICENSEE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY OFFICAL, TITLE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME 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 Sewer lines only and does not convey approval to excavate in any public way without appropriate permits. Traffic regulations or any other regulation of the town of Webster highway or police departments or any other authority having jurisdiction must be adhered to..

**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.**

APPLICANT'S NAME (PLEASE PRINT) \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOWN APPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**INDIVIDUAL PERMITS SHALL BE KEPT ON JOBSITE 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.**

INSPECTED BY \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_



# Town of Webster- Water & Sewer Department

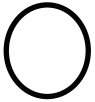
## SERVICE SKETCH

Property Address: \_\_\_\_\_

Pipe Size: \_\_\_\_\_ Material: \_\_\_\_\_

Installed Date: \_\_\_\_\_ Installed By: \_\_\_\_\_

North



Large empty rectangular area for drawing the service sketch.