CHERRY VALLEY SEWER DISTRICT

P.O. Box 138, Rochdale, MA 01542 T: 508-892-9616 F: 508-892-4371

MASTER DRAIN LAYER APPLICATION

Name	
Address	
Phone #	Fax #
Previous Exp	erience (include licenses in other municipalities)
References (ir	nclude name, address, length and nature of acquaintance with your work)
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3	
4	

Applicants must include with the application the following:

- A. \$25.00 Licenses application filing fee.
- **B.** Notification from applicant's insurance carrier that said applicant is eligible to receive all Bonding and Insurance's as required under article 5 of the Districts *Rules and Regulations*. Said Bonding and Insurance's must be in force prior to the performance of any work in the District.
- **C.** Letters of references from three (3) persons with professional acquaintances with applicant's work.

Rules and Regulations of the Cherry Valley Sewer District contain all the requirements for the licensing of drain layers and the installation and connecting of all building sewers. All applicants are urged to read these requirements prior to submitting of application.

 APPROVAL DATE:
 /_/
 APPROVED BY:

NONDISCRIMINATION STATEMENT

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