

(INTERNAL USE ONLY)

LICENSE NO.: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

## APPLICATION FOR DRAIN LAYER'S LICENSE

Complete and submit this application for a NEW or EXISTING Drain Layers License

### Drain Layer's License:

- Under section 272-30 of The Code of Ordinances City of Lowell, MA adopted by the City Council on December 23, 2008, as amended requires all persons making or causing to be made any entrance into any main drain, common sewer or water main shall be licensed to do so.

- Drain Layer Licenses are managed and issued by the City of Lowell Engineering Office.

**Duration:** Drain Layer Licenses are valid for one (1) calendar year expiring on December 31<sup>st</sup> of each year the license was issued. All licenses expire on December first regardless of date of application. Fees are not prorated.

### PART I:

#### APPLICANT AND COMPANY INFORMATION

- Provide the name, contact information, and mailing address for both the applicant and the company.

- Select all applicable type(s) of work the applicant is qualified to perform and would like to apply to perform in the City of Lowell.

- Provide existing driver's and hoisting engineer license information: **(Number, Class, State, Expiration Date)**

- **Note:** The Licensee will be the individual performing work within the City of Lowell. Please note that each individual performing work in the City of Lowell will each need a drain layer's License. Drain Layer's licenses are NOT issued on a company wide basis. One application per individual intending to perform work is required.

Application Type:  NEW  RENEWAL  REINSTATEMENT

Applicable Type(s) of Work:  WATER  DRAIN  SEWER

\_\_\_\_\_

Date: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

#### For Renewal:

Existing Drain Layer's License No.: \_\_\_\_\_

Check box and proceed to Part II of the application if no changes have occurred over the past year to the Licensee or Company info below.

Licensee Phone No: \_\_\_\_\_

Licensee Email: \_\_\_\_\_

Licensee Home Address: \_\_\_\_\_

(NO.) (STREET) (TOWN/CITY) (STATE) (ZIP CODE)

Licensee Driver's License No.: \_\_\_\_\_

(NO.) (CLASS) (STATE) (EXPIRATION DATE)

Licensee Hoisting Engineering License No.: \_\_\_\_\_

(NO.) (CLASS) (STATE) (EXPIRATION DATE)

Company Name: \_\_\_\_\_

Company Phone No: \_\_\_\_\_

Company Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

(NO.) (STREET) (TOWN/CITY) (STATE) (ZIP CODE)

	<u>Year</u>	<u>Equipment Type</u>	<u>Make</u>	<u>Model</u>	<u>Notes</u>
1.)					
2.)					
3.)					
4.)					

### PART II:

#### PERMITTING AND INSPECTION

**Permitting:** All Drain Layers are responsible for acquiring permits to perform Drain Layer operations within the City of Lowell. Any work started without a permit or without notifying the City of Lowell Engineering office of an emergency will result in a violation and immediate disciplinary action.

**Inspections:** The licensed Drain Layer performing the work is required to schedule required inspections with the Engineering Office. Notice must be provided at least 24 hours prior to start of work. Trenches may not be backfilled until they are inspected, unless approved by the City Engineer or DPW Commissioner before start of work.



**PART III:**

**FEES AND SUPPLEMENTAL INFORMATION**

- Provide application fee
- Provide updated bond and insurance information.

**Note:** All Insurance and Bonds must be filed and remain active throughout the period of the licence. As certificates of insurance and Bonds are renewed, copies MUST be sent to the engineering Division to keep active status and avoid license suspension.

- Provide existing license information from other municipalities and three (3) municipal references. Municipal reference letters shall be provided by a municipality of the Commonwealth of Massachusetts. Letters shall be drafted on official letter head. Letters shall be dated no more than one (1) year from the date of application for Drain Layer. Letter shall note the approximate total number of permits the applicant has completed and the type of work the applicant has completed.

Please verify the following information:		Applicant		City Staff	
		OK/YES	N/A	OK/YES	Incomplete
<b>1</b>	Have you attached an application fee? (\$250 for NEW, \$100 for RENEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Have you included original copies of your certificate of liability insurance and permit bond?  <b>Note:</b> The City of Lowell must be the certificate holder on the insurance. Please see minimum Insurance and Bond Requirements in the latest version of the City of Lowell Department of Public works Permit Manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	Are both the Insurance and Bond to be active throughout the period of the licensure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	Have you attached three (3) municipal references to this application? <i>(Select "N/A" if you are already a licensed Drain Layer and are renewing your license)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Are all monetary obligations, if any, current with the City of Lowell? <b>Note:</b> Outstanding or past due financial obligations are grounds for immediate denial and/or immediate suspension of the Drain Layer's licenses of all licensees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Are you currently under probation for any prior violations within the City?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Are you currently employed with the City of Lowell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	Would you like to be listed on the City of Lowell website as an approved Drain Layer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART IV:**

**APPLICATION REVIEW & SIGNATURE**

This application will be reviewed and processed. Once a decision has been made the applicant will be contracted via the email address provided.

**COMMENTS:**

I \_\_\_\_\_ hereby certify that, to the best of my knowledge, the provided information is true and accurate. I also certify I have read, understand and agree to abide by all the regulations set forth for Licensing of Drain Layers including City of Lowell Drain Layer License Manual, City of Lowell Code of Ordinances, City of Lowell Department of Public Works Permit Manual, City of Lowell Zoning Book, City of Lowell Standard Specifications & Details, City of Lowell Trench, Roadway, and Sidewalk Repair Requirements, and all applicable state and federal regulations.

Name of Applicant (Licensee): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Company Owner/Owner's Agent: \_\_\_\_\_

Company Owner/Owner's Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_