



**CITY OF FALL RIVER  
PLANNING DIVISION  
1 Government Center , Room 535  
Fall River, MA 02722  
(508) 324-2561**

## **DRAINLAYER'S LICENSE APPLICATION**

**FALL RIVER PLANNING DIVISION  
ENGINEERING DIVISION**

January 16, 2009

## REQUIREMENTS FOR OBTAINING A FALL RIVER DRAINLAYER'S LICENSE

### WHAT YOU WILL NEED

1. A check payable to the City of Fall River in the amount of \$250.00 for the Drainlayer's License Fee (Section 74-113).
  2. If incorporated, a copy of the current annual Certificate of Conditions and any subsequent Certificate of Change of Corporate Officers on file with the Secretary of State as required by Massachusetts General Law Chapter 156, Sections 24 and 47 and by Ordinance 1994-23.
  3. A Drainlayer's Bond in the amount of \$50,000. Please use the form supplied by the City of Fall River.
  4. Copy of a filled in Certificate of Compliance with M.G.L. Chapter 152 Workers Compensation Insurance Form and, if applicable, Certificate of Insurance for Workmen's Compensation as per M.G.L. Chapter 152, Section 25C (\$100,000 each person and \$500,000 each accident) or a completed.
  5. A Certificate of Insurance for General Liability with MINIMUM amounts set by City Ordinance 66-372:

Bodily Injury	\$100,000 each person 300,000 each accident
Property Damage	\$ 50,000 each incident \$100,000 aggregate
- The insurance shall cover, among other things, collapse, explosive hazards, and underground work by equipment on the street, and shall include protection against liability arising from completed operations. The City of Fall River shall be named as an additional insured.
6. Certificate of Insurance for Automobile Liability (as determined by Commonwealth of MA statutory limits).
  7. The enclosed CONTRACTOR'S DATA SHEET with all current information provided. Contractors not previously licensed by the City must submit three references for previous work of a similar nature.
  8. Legible photocopies of the current Hoisting Engineer License for EACH Operator.
  9. Acknowledgement and Receipt of Street Opening/Sewer Connection Policies signed by you (retain a copy for your records).
  10. Permanent patches must be completed for all utility installations performed during 2008 and through Feb. 28<sup>th</sup> 2009. If patches are not completed by this deadline your renewal application will not be submitted to the City Council.

**CERTIFICATE OF COMPLAINE WITH M.G.L. CHAPTER 152  
(Workers Compensation Insurance)**

The undersigned hereby certifies as follows (check one):

Name of firm or individual: \_\_\_\_\_

\_\_\_\_\_ Is subject to Chapter 152 and has attached hereto a copy of its workers compensation insurance certificate.

\_\_\_\_\_ Is exempt from Chapter 152 and/or has no employees covered by Chapter 152.

Signed under the pains and penalties of perjury.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

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

**CONTRACTOR'S DATA SHEET**

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

24-Hour Emergency Phone: \_\_\_\_\_

\*\*\*\*\*

References (New Applicants Only)

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**City of Fall River, Massachusetts  
Engineering Division  
Street Opening/Sewer Connection Policies  
Acknowledgement and Receipt**

I have read and fully understand the STREET OPENING POLICIES AND  
DRAINLAYERS LICENSE APPLICATION FOR THE CITY OF FALL RIVER,  
MASSACHUSETTS and agree to comply with all aspects of said policies.

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

Printed Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

TO BE SIGNED AND RETURNED WITH DRAINLAYER'S LICENSE APPLICATION

**INFORMATION REGARDING NOTIFICATION OF DIG SAFE  
PRIOR TO EXCAVATION**

1. Notification to Dig Safe is required before digging. A three day advance notice is required.

The toll free number to call is

**888-DIG-SAFE (344-7233)**

2. Premarking of excavations is required by Massachusetts Law, Chapter 82, Section 40.
3. Premark area to be excavated before calling Dig Safe.
4. Premarking areas should be identified in white markings, with the excavator's company name or logo within the premarked areas.
5. Premark the proposed area of excavation using solid white lines, dashes, dots, arrows or stakes.
6. Failure to premark when practical may jeopardize your Dig Safe permit and/or result in a civil penalty.
7. Member utility companies will mark a 15-foot radius in all directions of remarked areas. Excavating outside the 15-foot radius requires another call to Dig Safe.

# Know all men by these presents

that we .....  
.....as principal  
and .....  
.....of .....in the  
State of .....: a corporation duly organized by law and authorized  
to do business in the Commonwealth of Massachusetts; as surety, are holden and stand firmly bound unto  
the CITY OF FALL RIVER a municipal corporation in the County of Bristol and Commonwealth  
of Massachusetts, in the sum of dollars, to the payment of which to the said City of Fall River, its  
successors or assigns, we hereby jointly and severally bind ourselves, our heirs, executors,  
administrators, successors and assigns.

The condition of this obligation is such that if the said .....  
..... shall well and faithfully perform all work done by  
.....the licensee under a license as drain layer granted or to be granted presently by  
the **City Council** of said City of Fall River; in accordance with the provisions of the Ordinances of said City,  
and shall indemnify and save harmless said City of Fall River from any and all loss and damage  
paid by it, arising from defective work done by .....  
the said licensee, in, under or upon any street, sidewalk, sewer, drain, pavement or other place; and shall  
reimburse said city for all expense incurred in repairing any defect in the streets, sewers or other property and  
from any negligence in the execution of any work so done, or in the proper guarding, protecting or lighting of  
the same; except nevertheless defects arising in the surface of the street after the expiration of two years  
from the date of the Certificate of Completion issued to said licensee by the Planning Department of said City,  
and damage and loss resulting therefrom; then this obligation shall be void, otherwise it shall be and remain  
in full force and effect.

**In witness whereof** we hereunto set our hand and seals this .....  
day of ..... A.D. and said bond to continue for  
a term of one (1) year, ending April 30,

Signed and sealed in the presence of

.....  
PRINCIPAL

.....  
WITNESS

.....  
INSURANCE COMPANY

.....  
WITNESS

.....  
ATTORNEY-IN-FACT