



SUDBURY WATER DISTRICT WATER CONTRACTOR LICENSE APPLICATION

Expires Annually on 31 December

ALL DOCUMENTS MUST BE RECEIVED TOGETHER AT TIME OF PAYMENT

- A. Application and Fee \$50.00**
- B. 1-Copy (Front & Back) Valid MA Hoisting License**
- C. 1-Copy of Certificate of Liability Insurance**
- D. 1-Copy of License or Permit Bond \$5,000.00**
- E. 3 Letters of Municipal Reference (renewal exempt)**

FOR DISTRICT USE ONLY

_____	_____
Date	Amount Paid
_____	_____
Check No	Received By

A Water Contractors License does not constitute a blanket General Water Permit:

- **A General Water Permit Application is required per project. Complete and submit a General Water Permit application together with associated fees and applicable documents before initiating excavation work.**

Sudbury Water District is an independent municipal entity, separate and distinct from the Town of Sudbury and is not affiliated with the Town of Sudbury's Department of Public Works.

CERTIFICATE OF LIABILITY INSURANCE

Certificate Holder
Sudbury Water District
 199 Raymond Road
 P.O. Box 111
 Sudbury, MA 01776

Limits
 \$1,000,000 Commercial General Liability
 \$2,000,000 General Aggregate
 \$1,000,000 Workers Compensation & Employers Liability

LICENSE OR PERMIT BOND

Bond Amount	Bond Term
\$5,000.00	1-Year

Bond Description
Water Contractor's License

Bond Obligee
Sudbury Water District
 199 Raymond Road
 P.O. Box 111
 Sudbury, MA 01776

The undersigned requests consideration for a Water Contractor's License to perform work relating to the Sudbury Water District public drinking water system including but not limited to domestic water and fire protection trench excavation, water main and service pipe installation, repair, alteration, connection, disconnection in compliance with the General Regulations of the Sudbury Water District. The undersigned hereby agrees to take and use the water subject to current rules, rates, policies, and regulations as authorized by the Sudbury Water District and agrees to indemnify and hold harmless Sudbury Water District from any claims, losses, damages, expenses, or other liabilities that may arise in the course of the work performed.

Signature of Applicant or Authorized Agent

APPLICANT INFORMATION

_____ DATE			_____ CONTACT PERSON/TITLE	
_____ INDIVIDUAL / CORPORATE NAME		_____ OFFICE PHONE		
_____ STREET ADDRESS OR P.O. BOX		_____ MOBILE PHONE		
_____ CITY	_____ STATE	_____ ZIP CODE	_____ EMAIL ADDRESS	
_____ MA HOISTING LICENSE NUMBER / GRADE		_____ EXP DATE		