

**TOWN OF FAIRHAVEN  
BOARD OF PUBLIC WORKS**

**APPLICATION FOR DRAIN LAYERS PERMIT  
(Water, Sewer, Drainage)**

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

I, \_\_\_\_\_ hereby make application for a license to become a drain layer in the Town of Fairhaven.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Fax #: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Years Experience: \_\_\_\_\_

In what capacity: \_\_\_\_\_ # of Employees: \_\_\_\_\_

List of equipment available for doing this type of work:

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If a plumber, Mass. License Number: \_\_\_\_\_

Signed By: \_\_\_\_\_

Affiliation: \_\_\_\_\_

This application must be filled out and returned to the Board of Public Works Office along with:

1. Annual Fee: Sewer- \$500.00                      Water- \$500.00 ( Separate Checks)
2. Certificate of Insurance- See example for required amount.
3. Three letters of reference from each city or town in which your company has worked as a drain layer.
4. You must attend a meeting of the Board of Public Works to review your application.