PIPE & DRAIN LAYER PERMIT
APPLICIATION
TOWN OF RANGELEY
SEWER COMMISSION
RANGELEY SEWER USE ORDINANCE
PART I, SECTION 7

COMPANY NAME:_____

MAILING ADDRESS:_____

TOWN/CITY:_____STATE:_____ZIP CODE:_____

TELEPHONE #:_____FAX. #:_____

APPLICANT NAME:_____PHONE- #:_____

ADDRESS_____

Describe in **detail** the experience of the applicant:(Use the back of this form if required):

_____

_____

_____

_____

DOES APPLICANT HOLD A VALID STATE PLUMBING LICENSE:YES_____NO_____

DATE OF ISSUE:_____VALID UNTIL:_____

INSURANCE: YES_____NO_____AGENT/CARRIER:_____

LEVEL OF COVERAGE:_____VALID UNTIL:_____

NOTE*Attach A copy of the Certificate of Insurance, naming the Town of Rangeley as an additional insured.

By signing below I indicate that I understand the regulations for laying pipers, and drains and will abide by All regulations Federal, State, and Local.

_____

(Print Name) (Title) (Date) (Signature)

FEE: $50 Permit when voted is valid from,_____TO_____

FEE PAID:_____DATE:_____

THE RANGELEY SEWER COMMISSION VOTED, APPROVAL:_____

DENIED:_____

DATE:_____

_____

(Rangeley Sewer Commission, Chairman) (Date)

ADDITIONAL REMARKS: