

Application for Eligibility Form

for Construction of Sewer Laterals and Water Main Service Connections

The undersigned, having read and understood the terms of the Water Service Standard Details Manual and Sanitary Sewer and Storm Drain Connection Manual and Ordinances of The Metropolitan District pertaining to the issuance of permits to drain layers, hereby requests eligibility for sewer connection and/or water service permits in the name indicated herein below and hereby agrees, for himself and partners, or for any corporation in whose name the license or permits are to be issued, to fulfill and be bound by all of the provisions of said manuals and Ordinances, and also to any amendments or additions thereto which may hereafter be made.

(Name under which permits will be issued)

(Business Address – Street & Town)

(Business Telephone)

If business is a Partnership or Corporation, list below the owners, partners, principal officers and/or State Licensee:

Name	Title	Home Address	Home Telephone

Said applicant agrees to notify The Metropolitan District with 24 hours of any change in the employment status of the (partner, officer, associate, employee) listed herein, including persons empowered to sign applications and receive permits as listed on page 2 of this form.

Application is made for:

ELIGIBILITY FOR SEWER CONNECTION AND WATER SERVICE PERMITS
 (for work on private sewers and drains & water services under State of Connecticut)

License No.:	Signed: (Name of Corporation of firm (Seal))
Issued to:	By:
Witness:	Its _____ Duly Authorized (Title)
	Witness:

To be Completed by Contractor

Persons empowered to sign applications and receive permits for the aforementioned company (**print or type only**):

Metropolitan District Action

It has been determined that satisfactory Insurance Certification and Bond covering the aforementioned applicant has been filed in this office and the named application has been found in order and accepted on:

Date

Signed (for the MDC – Utility Services)

Application for Eligibility Form – Bond Documentation

Contractor's Bond No.: _____

Know all Men by these Presents, that _____ and/or
(Name of Firm, Partnership or Corporation)

(Name of Responsible Individual State Licensee and Title)

are held and firmly bound unto THE METROPOLITAN DISTRICT, within its service area in the State of Connecticut, in the sum of Ten Thousand dollars (\$10,000), lawful money of the United States of America to be paid to the said METROPOLITAN DISTRICT, its respective successors or assigns, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and sealed and dated: _____ Connecticut, this _____ day of _____, 20_____

The condition of this Obligation is such that, whereas, the above bound principal has by The Metropolitan District and/or by the State of Connecticut been duly licensed as a Contractor in said District Service Area, said obligation shall be continuous subject to cancellation by said Surety by giving ninety (90) days notice in writing of its intention to do so.

Now, therefore, if the said _____ shall well and truly keep and perform, during said term, all the terms and conditions of the ordinances, resolution, rules and regulations of the Metropolitan District, regulating the laying of sewers, drains, and appurtenances, sewer house connections, private drains, water mains, water services and appurtenances, and shall forever indemnify and save harmless THE METROPOLITAN DISTRICT and all its respective agents for or on account of any damages to property or persons or any damage to the sewer or water system of THE METROPOLITAN DISTRICT in consequences of or resulting from any work performed by:

said principal: _____ servants of agents, or of, or from any negligence in guarding said work, or of, or from any act or omission of said principal _____ servants or agents until the expiration of the one year maintenance period after, work, under any permit issued, is complete; shall faithfully perform said work in all respects with the rules and regulations established by THE METROPOLITAN DISTRICT, and the terms of the permits that may be issued to him, and shall also pay all fines or penalties imposed upon him for violation of any such rules or regulation, then this obligation shall be of no effect; otherwise, it shall remain in full force and virtue.

Signed (individual State Licensee):	(Corporate Seal of Surety)
Signed (Corporation or Firm):	Signed (Surety Corporation):
By:	By:
Its: Duly Authorized	Its Duly Authorized Agent:
Witnessed by:	Witnessed by:
On (date):	On (date):

Insurance Requirements

Commercial General Liability:	Limit of Liability not less than \$1,000,000 each occurrence, \$1,000,000 aggregate. MDC and the State of Connecticut must be added as additional insured.
Automobile Liability:	Limit of Liability not less than \$1,000,000 combined single limit
Workers' Compensation:	<p>As required by Connecticut Law and Employer's Liability with a limit of not less than \$100,000/occurrence, \$500,000 disease policy limit and \$100,000 disease each employee.</p> <p>Owner/Operator Note: A letter from your insurance agent attesting to the fact that W/C insurance is not mandatory and you elect not to carry it, will satisfy this requirement.</p>
Protective Liability:	For and in the name of the District with a minimum limit of liability not less than \$1,000,000/occurrence and \$1,000,000/aggregate.

All of the above requirements must be met prior to issuance of a permit.

Insurance Requirements

For License as Pipe Layer, Excavator or Eligibility for Metropolitan District Permits

Commercial General Liability:	Limit of Liability not less than \$1,000,000 each occurrence, \$1,000,000 aggregate. MDC and the State of Connecticut must be added as additional insured.
Automobile Liability:	Limit of Liability not less than \$1,000,000 combined single limit.
Workers' Compensation	As required by Connecticut Law and Employer's Liability with a limit of not less than \$100,000/occurrence, \$500,000 disease policy limit and \$100,000 disease each employee. Owner/Operator Note: A letter from your insurance agent attesting to the fact that W/C insurance is not mandatory and you elect not to carry it, will satisfy this requirement
Protective Liability:	For and in the name of the District with a minimum limit of liability not less than \$1,000,000/occurrence and \$1,000,000/aggregate.

All of the above requirements must be met prior to issuance of a permit.