

**APPLICATION FOR DRAIN LAYERS LICENSE**

**Board of Sewer Commissioners  
416 Titicut Rd. Raynham, MA. 02767  
PH: (508) 824-2749**

The undersigned, being the

\_\_\_\_\_  
(Company name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City or Town)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(email address)

Hereby request a license to install building sewer connections in the Town of Raynham.

I certify that I have read and understand the sewer by-laws and drain layer rules and regulations of the Town. I further understand that any violation of these requirements shall be cause for revocation of this license.

Enclosed are my Certificate of Insurance and Performance and Guarantee Bond that are required for issuance of this license.

Date \_\_\_\_\_

\_\_\_\_\_  
Owner/Owner Representative

***DO NOT WRITE BELOW THIS LINE***

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\$500.00 First Time Application  
\$250.00 Renewal

License # \_\_\_\_\_

Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

***THIS APPLICATION IS APPROVED AND PERMIT HAS BEEN ISSUED:***

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

\_\_\_\_\_  
Robert A. Carey  
Superintendent

**THIS PERMIT EXPIRES ON THE LAST DAY OF DECEMBER 2024**