



Town of Wethersfield Engineering Department

Contractor License

To be Completed by Town Staff	
License No.	<input type="text"/>
Date Issued	<input type="text"/>
Expiration Date	<input type="text"/>
Issued By	<input type="text"/>

Contractor Name	_____	Work Phone #	_____
Address 1	_____	Emergency Phone #	_____
Address 2	_____	E-mail	_____
City, State, Zip	_____		
Insurance Co	_____	Bodily Injury	_____
Insurance Expiration	_____	Property Damage	_____
Bonding Co	_____	Bond Amount	_____
Bond Expiration Date	_____	Bond Type	_____

By Signing below, I certify that:

I have received the current Town of Wethersfield Ordinance Chapter 139 regulating excavations within the Town right-of-way and agree to complete all improvements in accordance with said Ordinance and all Town standards, specifications and details. I am aware that I must obtain a license and permit prior to commencing work within the Town right-of-way and that failure to obtain these documents is a violation of said Ordinance, which may subject me to fees that are double the standard rates, and a fine of \$100.00 for every day the violation continues, per Sections 139-18 and 139-24, respectively.

I have received the current Town standard details pertaining to work within the right-of-way that include pavement repair; bituminous, concrete and granite curb; concrete sidewalk, ramps and associated notes; bituminous and concrete driveway aprons; restoration of lawn areas; erosion controls and pavement restoration requirements.

I am aware that the \$10,000.00 minimum bond I have provided will be held by the Town for a period not less than two (2) years and that I must make all payments to keep said bond in effect throughout this period.

I am responsible to maintain insurance coverage to limits specified in Town of Wethersfield Ordinance Section 139-18 and will provide the Town with updated insurance certificates at least 10 days prior to their expiration date.

Authorized Company Representative:

Printed Name _____ Date _____

Signature: _____

To be Completed by Town Staff			
Fee Paid	<input type="text"/>	Date Paid	<input type="text"/>
<input type="checkbox"/> Cash	<input type="checkbox"/> Check No.	<input type="text"/>	<input type="text"/>