

**DRAIN LAYERS & SEWER EXCAVATORS APPLICATION
IRA TOWNSHIP
7085 MELDRUM RD.
FAIR HAVEN, MI 48023
586-725-0207**

NAME OF BUSINESS: _____

OWNER, PARTNER OR CORP. _____

BUSINESS ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: Business _____ Home/Cell: _____

I, _____, _____ of
(Name) (Title)
the _____, wish to be licensed by the Clerk of Ira

Township as a _____ Drain Layer and/or _____ Sewer Excavator (check one or both) and agree that if granted said license, I will indemnify and save harmless the Township from all accidents and damages caused by any negligence in protecting my work, or by any unfaithful, imperfect, inadequate careless or unskilled work done by me. I further agree to post a Surety Bond for the sum of \$10,000.00 to Ira Township and will notify the Township of any changes of address thereafter. I further state that I am licensed by the State of Michigan.

The term of this license shall be for one year, from _____ to _____.
I swear that I have authority to sign this application and to make the statements therein.

Signature of Applicant _____

Date _____

Office use only

_____ is hereby approved as a licensed _____ Drain Layer and/or _____ Sewer Excavator (check one or both) in Ira Township and granted

License No. _____ License Fee: \$20.00

New or Renewal fee: _____

Check No. _____

Receipt No. _____

Date _____

Ira Township Clerk

Certificate of Insurance in the following amounts must be attached to this form: One hundred thousand (\$100,000.00) dollars for injuries to one person, and three hundred (\$300,000.00) dollars for injuries to more than one person. Property damages of one million (\$1,000,000.00) dollars for damage to any property due to the actions of himself and/or any of his agents or employees.

DRAIN LAYERS & SEWER EXCAVATORS APPLICATION PROCEDURE FOR CONTRACTOR REGISTRATION

Contractors will submit complete application for licensing by the Clerk of Ira Township. The paperwork will be processed by the Building Department.

Building Department Secretary will verify the following:

- **Certificate of Insurance** attached to application for the following amounts:
(minimum) \$100,000 injuries to one person; \$300,000 injuries to more than one person; Property damage of one million \$1,000,000.00
- **Surety Bond:** Post surety bond to Ira Township in the amount of \$10,000.00
- Application is signed by **contractor**
- Obtain a copy of **drivers license**

Upon verifying that the above information is correct, accept payment from Contractor, issue them a receipt, record the receipt and check number on the application.

Obtain signature of Ira Township Clerk on the bottom of the application. After approved by Clerk, send a copy of the application only (you don't need to include the insurance paperwork) to the contractor and file the completed paperwork.

Maintain list of license registration and expiration date. There is no need to remind contractors of registration expirations. However, they cannot work in this Township without a current license.

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ST. CLAIR COUNTY, MICHIGAN**

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