City of Meriden, Engineering Division 142 East Main Street, Room 19, Meriden, CT 06450

Tel: (203) 630-4018 Fax: (203) 630-4025

Meriden Drain Layers Bond

	Bond Number:	
KNOW ALL MEN BY THESE PRESENTS	:	
THAT:		
THAT: Drain layer's name EXACTL'	Y as it appears on CT Sta	ate Plumbing License
CT Plumbing license # Till in SIX digits only 1 2 3 4	5 6	(P-1; or P-7)
PRINCIPAL:		
	ny, including any DBA	
Address:		
City, State, Zip:		
E-mail address:		
Telephone:	Cell:	
As principal, and (Surety's Name): SURETY:		

As surety, are held and firmly bound unto the Treasurer of the City of Meriden for the sum of **FOUR THOUSAND DOLLARS, (4,000.00)**

To which payment, well and truly made we, the principal and the surety bind ourselves, our heirs, executors, successors and assigns each of them firmly by these presents.

AS DRAIN LAYER TO MAKE PRIVATE CONNECTIONS WITH PUBLIC SEWERS.

Now and therefore, if the drain layer shall perform the work for which this Bond is granted and complies with all the CT State statutes and regulations as well as the City of Meriden Ordinances and the Meriden PUC rules and regulations, which are now or may hereinafter be in force; and shall hold the City of Meriden and its agents, servants and employees harmless in every respect from all losses, costs, liabilities, expenses, and lawsuits whatsoever cased in whole or in part by work done under this bond license, then this bond shall be void; otherwise to be and remain in full force and effect.

All storm sewer and sanitary sewer pipe construction and or capping outside of the building will require this bond to be posted with the City.

You must attached a *signed* copy of the drain layers current State of Connecticut Plumbing License on page 2 in space provided for this bond to be valid. Do not send in without this information or bond will be **rejected** and returned.

TYPE OR USE BLOCK LETTERS TO FILL IN ALL SPACES

Meriden Drain Layers Bond

	Bond Number:		
Drain Lavers Name:			
Drain Layers Name: First	Middle	Last	
Signed and sealed at, (Name of town)	CT on this of	, 20	
(Name of town)	(Day) (Month)		
Signed in blue ink in the presence of two (2) Witnesses: By:	Principal: (Must sign in blue ink) By:		
Print Name:	Print Name:		
By:Print Name:			
Signatures in blue ink required on By line. Bond will be rejected if name is printed. (Please print name below signature line.)	ORIGINAL RAISED SEAL/FOI REQUIRED. Surety:		
	By:		
Tape a copy of current signed	Printed Name:		
Connecticut State Plumbing License	4 2 27		
Here	Agent's Name:		
Bond <u>not accepted</u> unless attached.	Address:		
	City, State, Zip: Telephone #:		
	Fax #:		
	Email:		
This Drain Layer's Bond is valid the date receive Certificate must be filed and submitted to the E of bond issued. Engineering's current Bond For Follow the links to Department>Engineering>F	ved and approved by Engineering. Congineering Department. There will be the are available online at		