



**City of Coeur d'Alene**  
 Municipal Services Department  
 710 Mullan Avenue  
 Coeur d'Alene, Idaho 83814  
 (208) 769-2229  
 ksetters@cdaid.org

(Office Use Only)

Amount Paid \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Date \_\_\_\_\_  
 License # \_\_\_\_\_  
 By \_\_\_\_\_

## Drain Layer License Application

Expires Annually on December 31<sup>st</sup>

**1. Must include Original Bond in the amount of \$2,000.00 payable to the City of Coeur d'Alene with an effective date through December 31<sup>st</sup> annually.**

• **Note:**

If you are doing any construction or excavation work in the City right-of-way, or connecting to the City sewer or water, it is necessary for **you to obtain an encroachment permit**. In order to obtain an encroachment permit, you must supply us with a copy of your Liability Policy. The liability minimum is a \$500,000.00 combined aggregate policy for each occurrence. Please have your insurance written with an expiration date of 12/31 annually.

**2. The City of Coeur d'Alene must be listed as an additional insured and the City must appear on the Certificate of Insurance.**

• **Note:**

The **Cancellation Clause must be amended to read as follows:** "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days written notice to the above named certificate holder." The remainder of the endeavor clause is to be crossed off.

### Drain Layer Contractor License – Fee \$40.00 (Check or Cash Only)

**Complete the Company Information Below**

Company: \_\_\_\_\_ Company Owner Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Drain Layer Individual Field License - \$20.00 per person (Check or Cash Only)

Required for anyone working in the field. Also required for the owner if owner is working in the field.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I am a citizen of the United States or a documented resident alien, over 18 years of age, of good reputation, the information listed on this application is complete and true to the best of my knowledge, and am qualified and meet the requirements of the ordinances of the City of Coeur d'Alene and County of Kootenai, and the laws of the state of Idaho to receive a license.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

City Clerk \_\_\_\_\_

Date \_\_\_\_\_