



HAMILTON BOARD OF HEALTH
577 Bay Road, P.O. Box 429
Hamilton, MA 01936

Tel: 978-468-5579

Fax: 978-468-5582

APPLICATION FOR DISPOSAL SYSTEM INSTALLER'S PERMIT
to Construct, alter, install, or repair Individual Sewage Disposal Systems

The Disposal System Installer's Permit expires annually on December 31. The fee for license renewal is \$150.00 Please fill out this application and return to the Board of Health office with a check payable to the Town of Hamilton.

In the accordance with the provisions of the State Environmental Code, Title 5, 310 CMR 15.019, application for a Disposal System Installer's Permit is hereby made by

 Name (Full name of individual & firm or corporation making application)

 Firm Address

 Phone

 E-Mail

 (Signature of Applicant)

 Date

 Home Address

Renewal _____ New : _____

Applications require:
 Certificate of Liability Insurance
and for new applicants
 3 letters of reference from individuals familiar with the Applicant's work
 Copies of Installer's licenses with other Boards of Health

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my knowledge and belief, have filed all state tax returns and paid all state taxes require under law.

 Social Security Number or
 Federal Identification Number

 Signature of Individual or
 Corporate Name

by: _____
 Corporate Officer (if applicable)

 Permit # _____ Date Issued _____