



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 signed letters of references from professionals* familiar with the Applicant's work (include phone numbers)

*Professionals include: Septic Installers, Septic Designers, Health Agents
and

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 _____