



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 LICENSE
to Construct, Alter, Install, or Repair Sewage Disposal Systems

The Disposal System Installer's License expires annually on December 31. 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, the undersigned makes application to the Hamilton Board of Health for a Disposal System Installer's License.

Renewal _____ Fee \$150.00 **New _____ Fee \$250.00 (non-refundable)**

Name of Applicant: _____

Business Name: _____

Street Address: _____

Mailing Address: _____
(if different)

City: _____ State _____ Zip Code _____

Email: _____

Business Phone: _____ Cell Phone: _____

Date: _____ Signature of Applicant: _____

All Applications Require:
Certificate of Liability Insurance
Workers Compensation Insurance Affidavit

and for New Applicants

3 signed letters of recommendation 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

New applications received by April 1, August 1, and December 1 will be reviewed by the end of that month.

For Office Use Only

✓Certificate of Liability Insurance Received _____
✓Workers Compensation Insurance Affidavit Received _____

Permit # _____ Date Issued: _____