



**APPLICATION FOR
DISPOSAL WORKS INSTALLERS PERMIT**

APPLICATION IS HEREBY MADE TO CONSTRUCT, ALTER, INSTALL OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEMS IN THE TOWN OF EASTON, MASSACHUSETTS IN CONFORMITY WITH THE STATE ENVIRONMENTAL CODE, TITLE 5, 310 CMR 15.019: DISPOSAL SYSTEM INSTALLER'S PERMIT.

Date of Application: _____

Name of Applicant: _____

Company Name: _____

Address: _____

_____ *Zip Code:* _____

Mailing Address if Different: _____

_____ *Zip Code:* _____

Telephone Number: _____ *Cellphone Number:* _____

Federal Identification Number or Social Security Number: _____

Please complete the Authorization Form on the back of the application.

Do you hold a current Hoisting Engineer License? Yes No

I acknowledge that I am familiar with the local septic regulations and understand my responsibilities as outlined in these regulations. I understand that a minimum of twenty-four (24) hours notice must be given to the Board of Health office when requesting required inspections.

Signature

Date

IF YOU ARE APPLYING FOR AN INSTALLER'S PERMIT IN EASTON FOR THE FIRST TIME, YOU MUST PROVIDE COPIES OF THREE CURRENT PERMITS FROM OTHER CITIES/TOWNS FOR REFERENCES.

All permits expire at the end of the calendar year.

Please return this application to the Board of Health along with the \$100.00 fee, payable to the Town of Easton.

EASTON BOARD OF HEALTH
SIGNATURE AUTHORIZATION FORM

COMPANY NAME

DATE

***PLEASE LIST THOSE PERSONS AUTHORIZED
TO SIGN ON BEHALF OF YOUR COMPANY***

PRINT NAME

SIGNATURE

<i>PRINT NAME</i>	<i>SIGNATURE</i>

OFFICE USE ONLY

_____ Fee
_____ W.C. Affidavit
_____ W.C. Dec. Pg.

Office Initial - Appl. Complete _____