

SHERBORN BOARD OF HEALTH
19 Washington Street
Sherborn, MA 01770
Phone: 508-651-7852 FAX: 508-651-7868

Permit No. _____

Date _____

Fee Paid _____

TOWN OF SHERBORN - BOARD OF HEALTH
APPLICATION FOR DISPOSAL WORKS INSTALLER'S PERMIT

The undersigned hereby applies for a DISPOSAL WORKS INSTALLER'S PERMIT to construct, alter, install, or repair subsurface sewage disposal systems as required by the provisions of the State Environmental Code, Title 5, and the rules and regulations of the Sherborn Board of Health:

_____ Full Name of person or persons, firm or corporation making application

_____ Address

_____ Telephone # and name of authorized person who can be contacted during *normal business hours*

_____ Telephone # and name of person who can be contacted *at other times* (i.e. pager #, mobile phone #, home #, etc.)

I hereby certify that I have read and fully understand the subsurface sewage disposal system requirements of the Sherborn Board of Health and the State Environmental Code (Title 5), and that I agree to comply with such regulations as existing or may from time to time be amended, and that I am familiar with the construction practices and inspection requirements in the Town of Sherborn.

_____ Signature of Applicant or Authorized Agent

_____ Date

REFERENCES (List towns where currently licensed along with contact name and telephone number):

- 1. _____
- 2. _____
- 3. _____

Notation:

The applicant must provide a current Insurance Certificate in the amount of at least \$500,000 covering the liability and workmanship of itself, its employees and any of its subcontractors for disposal works operations as granted under this permit. The Town of Sherborn – Board of Health shall be named as a Certificate Holder and as an Additional Insured. The Insurance Certificate must be provided with the completed application.

FOR OFFICE USE ONLY:

APPLICATION APPROVED BY: _____ DATE: _____

THIS PERMIT EXPIRES ON DECEMBER 31 OF THE CALENDAR YEAR GRANTED