

**Board of Health**

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770
508-651-7852

APPLICATION FOR DISPOSAL WORKS INSTALLER PERMIT

☐ Check here if you are submitting for re-application of a Disposal Works Installer Permit

Full Name of Applicant

Address

Normal Business Hours Contact Number

Out of Hours Contact Number

Primary Contact Email

REFERENCES (List towns where you are currently licensed along with the contact's name and phone number)

Only required for a first-time application.

1. _____
2. _____
3. _____

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 State Environmental Code, Title 5, and the rules and regulations of the Sherborn Board of Health.

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

Fee: \$150.00

For Office Use Only

Fee Received: _____

Application Approved By: _____

Permit Number: _____

This Permit Expires on December 31 of 20 _____