

Boylston Board of Health

APPLICATION FOR SEPTIC INSTALLER PERMIT

FEE: \$100.00

Company/Individual's Name _____

Address _____

City/State/Zip _____ Telephone Number/Cell Number _____

If Corporation or Partnership, give Names, Titles and Homes Addresses of Officers:

1. _____
2. _____
3. _____

Name of Person Supervising Sewage Disposal Installation: _____

List Other Massachusetts Municipalities in which you are licensed to install subsurface sewage disposal systems:

TOWN	LICENSE NUMBER	DATE LICENSE EXPIRES
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: The Board of Health requires all **NEW** installers to present at least two (2) original letters of recommendation from appropriate, verifiable references.

IMPORTANT

Installers must obtain a Construction Permit before conducting any installation or repair work.

To avoid errors during construction, Installer should work from plans stamped and approved by the Boylston Board of Health.

If there are any deviations between the site conditions and the approved plan, it is your responsibility to notify both the Sanitation Agent and the design engineer for approval to continue construction.

Inspections require a minimum of 24-hour notice to the Sanitation Agent and certifying engineer.

Installers must provide the Board of Health with a copy of an "As-Built" plan. The plan must be on the Board's Installer As-Built Certification Form and give swing-tie measurements to the centers of all components and ends of trenches or bed.

PROOF OF WORKERS' COMPENSATION INSURANCE MUST BE PROVIDED BEFORE AN INSTALLER'S PERMIT WILL BE ISSUED. IF NO COVERAGE IS REQUIRED, A SWORN AFFIDAVIT MUST BE SUBMITTED.

Upon completion of construction, installer must certify work was completed in accordance with Title 5 and the approved design plans/"As-Built" plans by signing DEP approved Form 3A - Certificate of Compliance.

Installer's Permits expire on DECEMBER 31st each calendar year.

I hereby declare that the above statements made on this application for a permit to install septic systems are complete and true and that non-compliance with the above may result in the revocation of my license.

Pursuant to Massachusetts General Laws Chapter 62C, section 439A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security # or Tax ID #

Applicant Signature

Date