



BOARD OF HEALTH
 50 The Common
 Phillipston Ma. 01331
 Tel./Fax. 978-249-1735

Application for Disposal Works Installers Permit

Calendar Year: 2010 Fee: \$100. (Please make checks payable to the Town of Phillipston)

In accordance with Regulation 2.2, Title 5, Department of Environmental Protection, all persons and/or firms must obtain a Disposal Works Installer's Permit from the Board of Health.

Please complete the following information and return this application form with payment to the Phillipston Board of Health. Your permit will be returned in the mail.

Name of Applicant: _____

Business Name (if different): _____

Name of Individuals Installing Disposal Works:

1. _____ 2. _____

3. _____ 4. _____

Business Address: _____

Street Town

_____/_____

State Zip Business Telephone

Pursuant to M.G.L. Ch. 62C., Sec.49A, I certify under the 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 Number or Federal ID Number

 Signature of Individual or Corporate Name

 Corporate Officer (if applicable)

For Board Use Only:

Fee Received: _____ Check Number: _____

Approved: _____ Not Approved: _____