



**CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES**
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
THOMAS J. DURKIN III
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

APPLICATION FOR DISPOSAL SYSTEM INSTALLER PERMIT

FEE: \$25.00 for new application and for renewals prior to expiration date.
\$50.00 for renewals after expiration date.

I hereby apply for a Disposal System Installer's Permit as required by 310 CMR 15.019, Title 5, the State Environmental Code.

Business Name _____

Business Owner's Name _____

Business Phone # _____ Business Fax # _____

Installer's Name _____

Installer's Mailing Address _____

Home Phone # _____ Cell # _____

PLEASE LIST ALL COMMUNITIES IN MA IN WHICH YOU CURRENTLY HOLD AN
INSTALLER'S LICENSE.

(Submit supportive documentation)

Have you successfully passed a Septic Installer's Exam given by another municipality in MA?
If so, in which town. _____



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The undersigned agrees that he has read and understands Title 5, the State Environmental Code and also agrees to abide by them. Also, the undersigned understands that any violation of Title 5 will be sufficient cause for revocation of Disposal System Installer's Permit.

Installer's Signature _____ Date _____

**UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS,
CHAPTER 233, SECTION 35, ACTS OF 1983, YOU ARE REQUIRED TO
COMPLETE THE FOLLOWING:**

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 taxes required under law.

Social Security Number or
Federal Identification Number

Individual or Corporate Name

Signature of Individual or Corporate
Officer (if applicable)



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