WETTH-HOUSE AS POSSED AS A STATE OF A STATE

TOWN OF WESTMINSTER

11 South Street WESTMINSTER, MASSACHUSETTS 01473 (978) 874-7409 • Fax (978) 874-7462 BOARD OF HEALTH

DISPOSAL WORK'S INSTALLER'S PERMIT RENEWAL

Please fill in and return this application along with a check in the amount of \$125.00 made payable to the Town of Westminster. Both the check and completed application are due no later than **December 9, 2022.**

Please return all requested information to:

Board of Health 11 South Street Westminster, MA 01473

I hereby apply for a Disposal Work's Installer's Permit as required by 310 CMR 15. 019 of the revised Title 5 of the State Environmental Code, which became effective on March 31, 1995.

PLEASE PRINT ALL INFORMATION BELOW

Owner's Name:	
Business Name:	
Mailing Address:	
Business Telephone:	
Cell Phone:	
If previously licensed in	Westminster, include permit #:
The undersigned agrees t	o abide by the requirements of Title 5 of the State
2	evised and became effective March 31, 1995, and its subsequent
	ed agrees to abide by the requirements of the Town of
	s for Subsurface Disposal Systems. The undersigned also
_	ation of Title 5, or the Board of Health Regulations, will be
	eation of his/her Installer's Permit.
	With of his har historial by annual
Signature:	Date:
Office use only:	
Date Application Received:	
Date Application Approved:	
Date Permit/Registration gr	
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