



New - Disposal Works Installer's License Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

Form B-1

FEE: **\$230.00**

APPLICATION FOR DISPOSAL WORKS INSTALLER'S PERMIT

I hereby apply for a Disposal Works Installer's Permit as required by Regulation 15.02(2) of Title 5 of the State Environmental Code and Regulation 11-14.3 of the Rules and Regulations of the Acton Board of Health.

Business Name: _____

Owner's Name: _____

Address: _____

Telephone: _____

Email Address: _____

If partnership or corporation, list names and addresses of officers:

Name _____ Address _____

Name _____ Address _____

The undersigned agrees that he/she has read and understands Title 5 of the State Environmental Code and the Acton Board of Health Rules and Regulations and also agrees to abide by them. The undersigned also understands that any violation of Title 5 or the Acton Board of Health Rules and Regulations will be sufficient cause for revocation of his/her installer's permit.

Signed _____ Date _____

References: (Please list below three current references, preferably Boards of Health).

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

Office Use Only

Fee Paid : _____

Approved: Yes _____ No _____

Approved by: _____

Permit No. _____

Date: _____