

BOARD OF HEALTH  
 18 Main Street  
 Hopkinton, MA 01748  
 Phone (508) 497-9725  
 Fax: (508) 497-9702

***APPLICATION FOR A LICENSE TO Install Subsurface Sewage Disposal Systems***

**NAME OF PERSON SUPERVISING SEWAGE DISPOSAL INSTALLATIONS:**

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**COMPANY NAME AND LOCATION**

Company Name:		Telephone
Location Address:		Fax:
Mailing Address: Street number and name	City and State	Zip Code

**OWNER of COMPANY**

Full Name	Telephone:
Sole Proprietor _____ Partnership _____ Trust _____ Corporation _____	

If corporation or partnership give names, titles, and home addresses of officers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**List three references that are familiar with your septic disposal system installation work.**

1) Name:	Telephone:
Address:	
2) Name:	Telephone:
Address:	
3.) Name:	Telephone:
Address:	

I certify the information I have provided above is true and accurate. I recognize it is a violation of this permit to install septic disposal systems without a current septic disposal system construction permit. It is my responsibility to immediately notify both the Board of Health and the designer of any changes both in the site and the plan and to receive approval from both before proceeding. Pursuant to M.G.L. C. 62C sec. 49A, 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.

Date Signed	Signature of Individual
Social Security No. or Tax Identification Number:	
If applicable Corporate Name:	Signature of corporate officer
	Title

**Provide a copy of Workmen's compensation insurance certificate**