



DISPOSAL WORKS INSTALLER'S APPLICATION & PERMIT

The undersigned hereby applies for a DISPOSAL WORKS INSTALLER'S PERMIT to construct, alter, install, or repair subsurface sewage disposal systems and /or the components of, required by the provisions of the State Environmental Code, Title 5, and the rules and regulations of the Holliston Board of Health.

NAME OF FIRM OR CORPORATION

ADDRESS

TOWN OR CITY

ZIP CODE

Any and all telephone numbers must be provided for normal and after business hours for the Holliston Board of Health or its Agent to contact the authorized installer.

OFFICE TEL #

CELL #

EMAIL ADDRESS

INDIVIDUAL INSTALLER'S NAME (please print)

HOME TEL #

I hereby certify that I have **RECEIVED, READ AND FULLY UNDERSTAND** the subsurface sewage disposal system requirements of the Holliston Board of Health, and the State Environmental Code, Title 5, and that I agree to comply with such regulations as existing or may from time to time be amended, and that I am familiar with the construction practices and inspection requirements.

INDIVIDUAL INSTALLER'S SIGNATURE

PERMIT # _____

FEE PAID: _____

DATE REC'D: _____

APPROVED BY: _____ DATE: _____

This permit expires on December 31 of the calendar year granted.
Any installer new to Holliston must include three (3) letters of reference from area towns.
Renewal fee \$50 if by January 31st. New application fee \$250.

List any I/A certifications and attach copy: _____

BOARD OF HEALTH
TOWN HALL, 703 WASHINGTON STREET, HOLLISTON, MASSACHUSETTS 01746-2168
TEL: 508-429-0605 FAX: 508-429-0639
Website: www.townofholliston.us