



**Town of Mattapoisett  
Board of Health  
16 Main St., P. O. Box 434  
Mattapoisett, MA 02739  
508-758-4100 ext. 8**

## 2017 APPLICATION FOR INSTALLER PERMIT

FEE: \$200.00 Annual Fee

EXPIRES: Dec 31<sup>st</sup> ANNUALLY

Applications must be received by December 20<sup>th</sup>.

In accordance with M.G.L. c.111, Section 31 and 310 CMR 15.019 (Title 5) the undersigned makes application to the Board of Health for permission to engage in the construction, upgrade, or expansion of on-site systems in the Town of Mattapoisett.

Name of Applicant: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Bond Expiration: \_\_\_\_\_

Hoisting License # \_\_\_\_\_ Hoisting License grade \_\_\_\_\_

Hoisting License expiration \_\_\_\_\_

If you are licensed to install Presby, Eljen or Geo Flows systems please attach your certification i.e. copy of card

Are you licensed in any other towns/cities? If yes, please state the towns: \_\_\_\_\_

Has your installer's permit ever been revoked or suspended in the Town of Mattapoisett or any other town and if yes, why: \_\_\_\_\_

*I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to install any on-site system without a sewage disposal system construction permit. Furthermore, it is agreed that after the on-site system is completely installed, an installer's certification must be signed within thirty (30) days. I also certify that I have obtained, read and understand the Installer's Permit Renewal Requirement Form.*

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

<b>Office Use Only</b> New Installers:	Test Date: _____	Score: _____
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