



Gail Joseph
Health Agent

Town of Mattapoissett Board of Health

16 Main Street
P.O. Box 434
Mattapoissett, MA 02739

Carmelo Nicolosi
Board Member

Russell Bailey
Board Member

Michele Bernier
Board Member

2024 APPLICATION FOR INSTALLER PERMIT

FEE: \$200.00 Annual Fee

EXPIRES: Dec 31st ANNUALLY

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 Mattapoissett.

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Has your installer's permit ever been revoked or suspended in the Town of Mattapoissett or any other town and if yes, why: _____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

Office Use Only New Installers:	Test Date: _____	Score: _____
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