Office of

*The Board of Health*

7 Main St. - Unit #2

Hubbardston, Massachusetts 01452

Telephone (978) 928-1400 Ext. 212

FAX (978) 928-4806

*Application for Installer's Permit to*

*Construct, Alter or Repair*

*Individual Sewage Disposal Systems*

*Fee: $155.00*

Name of Applicant

d.b.a.

 \_\_

Owner of Company

Address of Owner of Company

Telephone Number of Owner of Company

*If you do not currently hold an Installer's Permit from the Town of Hubbardston, please attach copies of licenses from two municipalities where you are currently licensed to install.*

•••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••

Pursuant to the provisions of MGL Chapter 40, Section 57, certification that no debt is owed to the Town of Hubbardston by the applicant or the owner must be obtained from the Tax Collector before this form is submitted to the Board of Health.

No debt is owed\_\_\_\_\_\_\_\_\_ Debt is owed

Signature of Tax Collector Date

•••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••••

Approved by the Board of Health: Date

Chairman Vice-Chairman

Member Member

Member

This permit expires on