

TOWN OF HUBBARDSTON

APPLICATION FOR RESIDENTIAL AND COMMERCIAL REFUSE COLLECTION

Fee: \$300.00

Name of Applicant: _____

D.B.A. _____

Contact Person: _____

Business Address: _____

Business Telephone #: _____



RESIDENTIAL AND COMMERCIAL REFUSE COLLECTION PERMIT

I am familiar with and will abide by Board of Health Regulations Article 9: Regulations for Residential and Commercial Refuse Permitting and Operation as set forth by the Board of Health of Hubbardston, Massachusetts.

Applicant: _____ Date: _____



Pursuant to the provisions of M.G.L. Chapter 40, Section 578, certification that no debt is owed to the Town of Hubbardston by the applicant or the owner of record must be obtained from the Tax Collector prior to submitting form to the Board of Health.

Signature of Tax Collector: _____ Date _____

No Debt is Owed: _____ Debt is Owed: _____

Reviewed by: _____ Date: _____
Chairman, Board of Health

Vice-Chairman, Board of Health

Member, Board of Health

This Permit expires on _____



Office of
Town of Hubbardston
Board of Health
7 Main St. – Unit #2
Hubbardston, Massachusetts 01452
Telephone (978) 928-1400 Ext. 212
FAX (978) 928-4806

Septage Hauler Permit

Fee: \$200.00

Applicant: _____

d.b.a.: _____

Applicant's Address: _____

Applicant's Telephone: _____

Date: _____

The Hubbardston Board of Health approves this permit to haul septage and the contents of privies and cesspools. This permit expires _____.

All transport must be in accordance with 310 CMR 15.500-15.505 and applicable local regulations. A copy of this permit shall be kept in every vehicle in which the Permittee carries septage over the roads of the Commonwealth.

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Signature of Tax Collector: _____ Date _____

No Debt is Owed: ____ Debt is Owed: ____

++++

Approving Authority: _____
Chairman, Board of Health

Vice-Chairman, Board of Health

Member, Board of Health

Office of
The Board of Health
7 Main St. – Unit #2
Hubbardston, Massachusetts 01452
Telephone (978) 928-1400 Ext. 212
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***Application for Installer's Permit to
Construct, Alter or Repair
Individual Sewage Disposal Systems***

Fee: \$150.00

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.***

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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 _____

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Approved by the Board of Health: Date _____

Chairman

Vice-Chairman

Member

This permit expires on _____