

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: \$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

Member

Member

This permit expires on _____