



# TOWN of STURBRIDGE BOARD of HEALTH



**Public Health**  
Prevent. Promote. Protect.

## Disposal System Installer's Permit Application

**Fee: \$100**

Check to be made payable to: The Town of Sturbridge

I hereby apply for a Disposal System Installer's Permit as required by 310 CMR 15.019, Title 5, the State Environmental Code and the Regulations of the Sturbridge Board of Health.

**\*NOTE: Permit to be issued to an individual, NOT a company/corporation.  
The person with the permit must be the person doing the work\***

Installer Name: \_\_\_\_\_

Installer Mailing Address: \_\_\_\_\_

Installer Physical Address: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_

Secondary Telephone: \_\_\_\_\_

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

Name of Business/DBA: \_\_\_\_\_

**Please attach copies of any certifications you hold (Eljen, Presby, etc.).**

Pursuant to M.G.L. Ch. 152, Sec. 25A, **please attach workers' compensation insurance affidavit.**  
(Your permit can not be issued without this information)

**\*If this is your first time applying, please attach 3 letters of recommendation  
from municipalities you have installed in.\***

The undersigned agrees that he/she has read and understands Title 5, the State Environmental Code and the Sturbridge Board of Health Regulations and also agrees to abide by them. Also, the undersigned understands that any violation of Title 5 or the Sturbridge Board of Health Regulations will be sufficient cause for revocation of the Disposal System Installer's Permit.

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

Pursuant to M.G.L. Ch. 62 C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

\_\_\_\_\_  
**Social Security Number or Federal ID Number**

\_\_\_\_\_  
**Signature of Individual or Corporate Name**

**By:** \_\_\_\_\_  
**Corporate Officer (If applicable)**