



Karen A. Walega
MPH, CHO, RS
Health Director

TOWN OF ROCHESTER

Board of Health

37 Marion Road

Rochester, MA 02770

Phone: 508-763-5421/ Fax: 508-763-5379

Sarah T. Eby
MHA, BSN, RN
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Glenn Lawrence
Vice Chair

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Connie Dolan, RN
Public Health Nurse

APPLICATION FOR INSTALLER'S PERMIT

FEE: \$150 ANNUAL

EXPIRES: December 31ST ANNUALLY

In accordance with M.G.L. c.111, Section 31 and 310 CMR 15.019 (Title 5), the undersigned makes an application to the Board of Health for permission to engage in the construction, upgrade, repair, or expansion of on-site systems in the Town of Rochester.

Printed Name of Applicant: _____

Company: _____

Address: _____

City, State, Zip Code: _____

Email address: _____

Business Telephone: _____ Cell phone: _____

Hoisting License # _____

If you are licensed to install Presby, Eljen, or Geo Flows systems, please attach your certification i.e., copy of card, to this application.

Please provide the following:

Copies of 2 (two) current Installer's permits in any other towns/cities
Proof of Current Liability Insurance

Has your installer's permit ever been revoked or suspended in the Town of Rochester or any other town?
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: _____