



Town of Rochester
Board of Health
37 Marion Road, Rochester MA 02770
Phone: 508-763-5421 Fax: 508-763-5379

APPLICATION FOR DISPOSAL WORKS INSTALLERS PERMIT
SEPTIC INSTALLER

Name of Business: _____

Address of Business: _____

Telephone Number: _____

Cellphone Number: _____

PAYMENT IS DUE WITH APPLICATION

TOTAL \$150.00

Insurance Certificate is required, and must be attached to this application.

Pursuant to Section 49A, Chapter 62C, MGL, I certify under the penalties of perjury that

I, to the best of my knowledge and belief, have filed and paid all State tax returns, and taxes required under law.

I fully understand that the construction of any septic system in the Town of Rochester shall not commence until a disposal works construction permit has been issued and picked up by the installer from the Rochester Board of Health office. I understand that there are no exceptions to this Title V requirement. I also understand that the disposal works construction permit shall be picked up in the Rochester Board of Health Office.

Initials: _____

FID

SSN

EIN

FEDERAL IDENTIFICATION NUMBER

Signature of Applicant: _____

Date Signed: _____