

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

APPLICATION FOR TITLE V INSPECTIONS PERMIT

Name of Applicant _____

Name of Business _____

Address of Business _____

Telephone Number _____

Cell Phone or Business Phone _____

FID# _____ SSN# _____ EIN# _____

Payment due with Application \$25.00 _____

Certification of Insurance for Worker's Compensation is required and must be attached to this Application.

Failure to abide by the Rochester Rules and Regulations may result in License suspension or revocation.

I fully understand that Title V inspections are licensed by the Board of Health, according to Section 15.340 of the Rochester Rules and Regulations. In addition, groundwater shall be determined by soil evaluations from a D.E.P. soil evaluator if in the opinion of the Board of Health, or its Agent, that groundwater cannot be determined through available records. Any mottles observed shall be noted for record and used as groundwater evaluation.

Signature of Applicant _____ Date: _____