



**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: \_\_\_\_\_

Carphone or Beeper 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: \_\_\_\_\_