



## 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

Name of Applicant \_\_\_\_\_

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Telephone Number \_\_\_\_\_

Car Phone or Beeper Number \_\_\_\_\_

Payment due with Application

\$10.00

Certification of Insurance for Workers' 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.

FID \_\_\_\_\_ SSN \_\_\_\_\_ EIN \_\_\_\_\_  
**FEDERAL IDENTIFICATION #**

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_