



CITY OF EASTHAMPTON

BOARD OF HEALTH

50 Payson Avenue
Easthampton, MA 01027
(413) 529-1430 TEL
(413) 529-1442 FAX



Public Health
Prevent. Promote. Protect.

Bri Dupras, REHS/RS
Health Director

Disposal System Installer's Permit Application

Fee: \$100

Installer's Name: _____

*Must be an individual, not a company. The person with the permit must be the person doing the work.

Installer's Mailing Address: _____

Primary Telephone: _____

Secondary Telephone: _____

Fax #: _____

Email Address: _____

Name of Business/DBA: _____

The undersigned agrees that he/she has read and understands Title 5, the State Environmental Code. Also, the undersigned understands that any violation of Title 5 will be sufficient cause for revocation of the Disposal System Installer's Permit.

Signature of Applicant: _____ Date: _____

Pursuant to M.G.L. Ch. 62 C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Social Security Number or Federal ID Number

Signature of Individual or Corporate Name

By: _____
Corporate Officer (If applicable)

Attachments Required:

- Pursuant to M.G.L. Ch. 152 Sec. 25A, please attach worker's compensation insurance affidavit. Your permit can not be issued without this information.
- If first time applying, please attach 3 letters of recommendations/permits from other towns you have installed in.