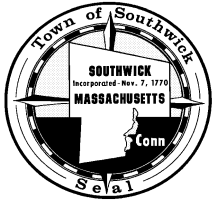


Date Received _____ Amount Paid \$ _____ Check # _____ Permit # _____

FOR BOH OFFICE USE ONLY TCC: Initial _____ Date _____



TOWN OF SOUTHWICK BOARD OF HEALTH

454 College Highway, Southwick, MA 01077

Phone: (413) 569-1212 Fax: (413) 569-5284

DISPOSAL SEPTIC SYSTEM CONSTRUCTION

INSTALLER'S PERMIT APPLICATION

2024

Name of Applicant _____ Phone _____

Residential Address _____

Business Name _____

Business Address (if different) _____

Mailing Address (if different) _____

Email _____ Fax _____

1. Have you been issued a *Disposal Septic System Installer's Permit* in Southwick previously? Yes or No
2. If not, have you been issued a *Disposal Septic System Installer's Permit* in another town? Yes or No
 - a. Attach a copy of the *Disposal Septic System Installer's Permit(s)* issued in other towns.

(A first-time applicant, with no previous issued permits, may be required to take an Installer's examination).

APPLICATION FEE: \$ 125.00

Disposal Septic System Construction Installer's permits are valid from January 1st to December 31st of the year issued. Reapplication is required annually.

PLEASE SUBMIT THE COMPLETED APPLICATION WITH PAYMENT AND NECESSARY DOCUMENTATION (IF REQUIRED) TO THE SOUTHWICK BOARD OF HEALTH. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. NO DISPOSAL SYSTEM CONSTRUCTION INSTALLATION CAN OCCUR UNTIL A VALID PERMIT IS ISSUED.

I hereby certify that the information provided is true. I agree to comply with the regulations set forth in the Southwick Board of Health Disposal System Regulations and 310 CMR 15.00 of the State Environmental Code. Title 5. I agree to pay all appropriate fees at the time of application submittal.

SIGNATURE OF APPLICANT

DATE

CHECK OR MONEY ORDER

MAKE PAYABLE TO: Town of Southwick

NO REFUNDS