



TOWN OF NORTHBRIDGE
BOARD OF HEALTH

7 Main Street
Whitinsville, MA 01588
Phone (508) 234-3272 Fax# (508) 234-0821

PERMIT #: _____

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application is hereby made for a permit to:

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Location	Owner's Name & Address
Map/Parcel#	Telephone #
Installer Name	Design Engineer
Address	Address
Telephone #	Telephone #

Plan: Date _____ Number of sheets _____ Revision date _____
 Date of plan approval by Board of Health _____
 Title of Plan: _____

Description of Repairs and/or Alterations: _____

The undersigned agrees to install the above described Sewage Disposal System in accordance with the provisions of Title 5 and the Northbridge Board of Health Code of Regulations and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Northbridge Board of Health.

Signed: _____ Date: _____
 Signature of Licensed Installer

NOTE: THE NORTHBRIDGE BOARD OF HEALTH RESERVES THE RIGHT TO REVOKE THE LICENSE OF ANY INSTALLER WHOSE WORK CONDUCTED UNDER THIS PERMIT DOES NOT CONFORM WITH THE REGULATIONS OF TITLE 5, THE NORTHBRIDGE BOARD OF HEALTH REGULATIONS, AND THE APPROVED DESIGN PLAN.

This form must be completed in the Office of the Northbridge Board of Health prior to any construction of the system.

For office use Only - Application APPROVED / DISAPPROVED

Date Issued: _____ Board of Health : _____