



TOWN OF NORTHBRIDGE
BOARD OF HEALTH
1679 Providence Road
Northbridge, MA 01534
Phone (508) 234-3272

APPLICATION FOR LICENSE TO INSTALL SEPTIC SYSTEMS

NAME: _____

ANNUAL FEE: \$150.00

COMPANY NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

CELL: _____

FAX: _____

EMAIL: _____

Title 5 CMR 15.02 states that a Disposal Works Installer's License may be revoked for cause by the Board of Health. I understand that any repair of an existing septic system or any installation of a septic system cannot be done without plans which are approved by the Board of Health and without a Disposal Works Construction Permit signed by the Board of Health. I understand that any installation or repair of a septic system must fully comply with the approved plan and that if conditions different than those set forth in the plan are found prior to or during construction, I must notify the Board of Health. I understand that the Board of Health is requiring strict adherence to Title 5 and its additional rules and regulations concerning the subsurface disposal of sanitary sewage. I understand that this Installer's License has been issued to me as an individual and is not transferable.

- ☐ *I hereby request the Northbridge Board of Health to waive the testing requirement. I have attached copies of three CURRENT licenses held in other Massachusetts cities/towns.*
- ☐ *Certificate of Insurance for General Liability in the amount of \$100,000 attached. THE CERTIFICATE OF INSURANCE MUST BE ISSUED IN THE NAME OF THE INDIVIDUAL AS LISTED ON THIS APPLICATION.*
- ☐ *Workers' Compensation Insurance Affidavit completed and attached.*

I have also this date, received and read, the SEPTIC SYSTEM INSTALLATION INSPECTION PROCEDURES POLICY memo to installers outlining required office procedures to be followed when engaged in the construction or repair of a septic system in the Town of Northbridge and by my signature below agree to adhere to this policy.

Signature

Date

INSTALLER LICENSES EXPIRE DECEMBER 31ST OF EACH CALENDAR YEAR

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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.

*Signature of Individual *or* Corporate Name (**Mandatory**)

By: Corporate Officer (Mandatory, If Applicable)

****Social Security Number or Federal Identification Number**

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security/FID number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C s. 49A.