



**TOWN OF SOUTHAMPTON  
BOARD OF HEALTH**

210 College Highway, Suite 4  
Southampton, MA 01073

Office: 413-529-1003

Fax: 413-529-6847

healthdirector@Townofsouthamptonmahoh.org

**APPLICATION FOR A DISPOSAL WORKS INSTALLERS PERMIT**

DATE \_\_\_\_\_

NEW \_\_\_\_\_  
RENEWAL \_\_\_\_\_

ANNUAL FEE \$200.00

PAYABLE TO: TOWN OF SOUTHAMPTON

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Note:** If this is not a renewal, please attach a copy of two (2) other communities permits or other documentation showing that you are licensed and or knowledgeable in Title V requirements.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

By affixing his signature above, the installer agrees to install all SEWAGE DISPOSAL SYSTEMS in the Town of Southamptom in strict accordance with system plans and following all requirements of the State Sanitary Code Title V ( 310 CMR 15) and the local Board of Health regulations. All systems shall remain open for required inspections prior to backfilling.

PERMIT APPROVED BY \_\_\_\_\_, BOARD OF HEALTH

DATE: \_\_\_\_\_ EXPIRES ON DEC. 31, END OF THE YEAR ISSUED

310 CMR 15.02 (2) PERMIT MAY BE REVOKED FOR CAUSE BY THE BOARD