



TOWN OF SOUTHAMPTON BOARD OF HEALTH

210 College Highway, Suite 4

Southampton, MA 01073

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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 Southamton 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