



Nashoba Associated Board of Health  
Environmental Services  
30 Central Ave. Ayer, MA 01432

**APPLICATION FOR A DISPOSAL WORKS INSTALLERS PERMIT**

I hereby apply for a Disposal Works Installer's Permit as required by 310CMR15.019 of Title 5 of the State Environmental Code, which became effective on 3/31/95, last revised 9/9/16.

PLEASE PRINT ALL INFORMATION BELOW:

Owner's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Licensed Installer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please complete the application for an installer's permit, include the permit fee (\$275.00 – check made payable to the Nashoba Associated Boards of Health) and return both to the office address at the top of this form.

The undersigned agrees to abide by the requirements of Title 5 of the State Environmental Code, 310CMR15.000 which became effective on 3/31/95, and its subsequent revisions. The undersigned also understands that any violation of Title 5, or other Board of Health regulations, will be sufficient cause for revocation of his/her Installer's Permit.

PURSUANT TO M.G.L. CH. 62C, SEC. 49A 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 LAW. I CERTIFY THAT I HAVE WORKERS COMPENSATION COVERAGE AS REQUIRED BY LAW (complete enclosed form).

\_\_\_\_\_  
SOCIAL SECURITY # OR OWNER'S FEDERAL ID#

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL OR CORPORATE NAME

\_\_\_\_\_  
DATE

PLEASE NOTE: The permit fee was set by the Nashoba Associated Boards of Health, at their Quarterly Meeting on 1/16/20. **There is a 15% processing charge for all refunds.**

enc.

978 772 3335

800 427 9762

(Fax) 978 772 4947