

Office Use  
Permit Number:



The Commonwealth of Massachusetts  
Town of Dudley  
**BOARD OF HEALTH**

**APPLICATION FOR PERMIT**  
**Disposal Works Installer**  
**Fee: \$250**  
**\*Late Fee if submitted after January 31st\***

Application for a Permit is made by:

Name \_\_\_\_\_

Firm \_\_\_\_\_

(full name of person and firm/corporation making application)

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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to install individual subsurface sewage disposal systems in a manner to be in accordance with the approved plans and permit, and in compliance with the requirements of Title V and the Dudley Board of Health, in order to obtain a Certificate of Compliance before placing the system in service.

**Permit applicant must provide with this application certificate of insurance for Worker's Comp and Employer's liability**

I have a copy of all requirements relative thereto.

I understand the permit expires December 31st unless earlier suspended or revoked for cause by the Dudley Board of Health, unless otherwise noted on permit.

\_\_\_\_\_  
Installers Signature

\_\_\_\_\_  
Date

Office Use:

Approved: \_\_\_\_\_ Title: \_\_\_\_\_

MASSACHUSETTS GENERAL LAWS, CH.62 S49A (b)

I hereby certify that I have complied with all the laws of the Commonwealth of Massachusetts relating to taxes.

(1) Individual Contractor\*

\_\_\_\_\_

(company name)

\_\_\_\_\_ (print name & title)

\_\_\_\_\_ (signature)

Signed under the pains and penalties of perjury on \_\_\_\_\_.  
(date)

(2) Corporation, Association or Partnership\*

\_\_\_\_\_

(firm name)

\_\_\_\_\_ (print name & title)

\_\_\_\_\_ (signature)

Signed under the pains and penalties of perjury on \_\_\_\_\_.  
(date)

\*Note to Contractor: Please sign at (1) or (2), whichever applies.