



Health Department

TOWN OF
STONEHAM
MASSACHUSETTS
35 CENTRAL STREET
STONEHAM, MA 02180

781-279-2621
FAX 781-279-2615

FEE \$25.00

EXPIRES

**COMMONWEALTH OF MASSACHUSETTS
TOWN OF STONEHAM**

APPLICATION FOR DISPOSAL SYSTEM INSTALLER'S PERMIT

In accordance with M.G.L. c. 111, Section 31B and 310 CMR 15.019 (Title 5) the undersigned makes application to the Board of Health for permission to engage in the construction, upgrade or expansion of any on-site disposal system and has demonstrated the capacity and knowledge of proper construction and installation of systems in accordance with 310. CMR 15.000.

Full Name of Applicant _____
Business Name _____
Business Address _____
Telephone Number _____

If applicant is an individual: Full Name _____
Residence _____

If applicant is a partnership, list full name and residence of all partners.

If applicant is a corporation: State of Incorporation _____
Date of Incorporation _____
Principal Office _____

Full name and address of:
President _____
Treasurer _____
Clerk _____

I certify that the information I have provided above is true and accurate. I recognize and agree to install all on-site disposal systems within the Town of Stoneham, in accordance with the provision of Title V and Board of Health Regulations.

Date: _____ Signature of Applicant _____