



## TOWN OF SCITUATE BOARD OF HEALTH

### APPLICATION FOR PERMIT - DISPOSAL WORKS INSTALLER \$150.00 FEE

Date: \_\_\_\_\_

New Application

Renewal

*In accordance with provisions of the Statutes relating thereto, application for a permit is hereby made by:*

Name (individual):	
Company Name (if different):	
Address:	
Telephone Number:	
E-mail Address:	

*Pursuant to MGL CH 62c, SEC 19, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under the law.*

Signature:	
Social Security or Federal I.D.:	

Worker's Comp Certificate: \_\_\_\_\_

Insurance Liability Certificate: \_\_\_\_\_

Copy of three other valid permits: \_\_\_\_\_

*(If applying for new License) Passed Test (if required) \_\_\_\_\_*

<b>Reviewed by Director, Public Health:</b>	APPROVED <input type="checkbox"/>	TEST REQUIRED <input type="checkbox"/>	DENIED: <input type="checkbox"/>
OTHER/NOTES:			

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Permit #: \_\_\_\_\_

Return to: Scituate Board of Health  
600 Chief Justice Cushing Highway  
Scituate, MA 02066