

\$125.00 (Each Permit)
(Effective May 17, 2016)

Permit Dated: 3/31/_____ to 3/31/_____

**THE COMMONWEALTH OF MASSACHUSETTS
CITY OF ATTLEBORO - DEPARTMENT OF PUBLIC HEALTH**
Annual application for permit to engage in the business of:

- (Circle One)** A. Perc. Rate Tester/Soil Evaluator/Engineer/Plan Designer
(Indicate each by underlining above)
- B. Installation of private sewerage systems*
**New Applicants need: (3) references from (3) other communities and a copy of their hoisting engineering license(s)*
- C. Septic Inspector *(need copy of Mass State license)*
- D. Insurance Requirements
- (1) Sign-off Workers Comp Affidavit
 - (2) Certificate of Liability Certification with Certificate Holder City of Attleboro
 - (3) Workers Comp Certificate with Certificate Holder City of Attleboro

Pursuant to MGL 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 state taxes required under law.

Business Name _____

Full name of applicant: _____

Business Address _____

Business Phone _____ Cell Phone _____

Email _____

Type of business _____

Briefly state your experience in this field _____

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- Are you familiar with the Mass Sanitary Code Regulations governing private sewerage installation? _____
 - Are you familiar with the Mass. Sanitary Code Regulations regarding percolation rate procedure and interpretation? _____
 - I understand a backhoe will be used to evaluate the soil and water table at perc tests and the Health Agent must be present _____
 - That no system will be covered until inspected _____

It is understood by me that any VIOLATION OF THE HEALTH LAWS in regard to percolation testing, septic inspection, soil evaluation and installation of private sewerage systems will mean the revocation of my permit and possible prosecution or both.

Signature: _____

Title: _____

Date: _____