



**TOWN OF DIGHTON
BOARD OF HEALTH
979 SOMERSET AVENUE
DIGHTON, MA 02715
TEL: (508) 669-5182
FAX: (508) 669-5667**

FOR OFFICE USE ONLY	
PERMIT NO.	_____
DATE:	_____

APPLICATION FOR DISPOSAL WORKS INSTALLER'S PERMIT

Application is hereby made to construct, alter, install or repair individual sewage disposal systems in the Town of Dighton, Massachusetts in conformity with the State Environmental Code, Title V, 310 CMR 15.019: Disposal System Installers Permit.

NAME OF APPLICANT: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

FEDERAL ID/SOCIAL SECURITY NO. _____

I hereby certify that I have read and fully understand the subsurface sewage disposal system requirement of the State Environmental Code (Title V), and that I agree to comply with such regulations as existing or may from time to time be amended, and that I am familiar with the construction practices and inspection requirements in the Town of Dighton. I understand that any violation of the aforementioned regulations will be sufficient cause for revocation of my installer's license. I understand that a minimum of twenty-four (24) hours notice must be given to the Board of Health Office when requesting required inspections.

Signature: _____ Date _____

Print Name: _____

I certify under the penalties of perjury to the best of my best knowledge and belief, have filed all state tax returns and have paid all state taxes required under the law.

Signature of Individual
Or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if applicable)

Attached to this application is:

- A fee of \$200.00 made payable to the Town of Dighton
- Copy of Hoisting Engineer License
- A copy of two current permits from other cities/towns for references
- Copy of Liability & Workman's Compensation Insurance (applicant must provide a current Insurance Certificate in the amount of at least \$500,000 covering the liability and workmanship of itself, its employees and any of its subcontractors for disposal works operations as granted under this permit. The Town of Dighton – Board of Health shall be named as a Certificate Holder and as an Additional Insured. The Insurance Certificate must be provided with the completed application)

****THIS PERMIT EXPIRES ON DECEMBER 31 OF THE CALENDAR YEAR GRANTED****