



TOWN OF EAST LONGMEADOW
HEALTH DEPARTMENT

DISPOSAL WORKS INSTALLER'S PERMIT APPLICATION

PERMIT FEE: \$300.00

In compliance with Article XI of the State Sanitary Code (Regulation 2.2) this Permit is issued to:

Name of Firm: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Email Address: _____ 24 Hour Emergency Phone# _____

Daily Contact Name, Phone, Email: _____

The undersigned agrees to construct or repair all individual sewage disposal systems within the Town of East Longmeadow, Massachusetts, in accordance with the provisions of Article XI of The State Sanitary Code. No systems are to be constructed, altered or repaired without an application approved by the Board of Health.

No system will be covered without an inspection by the Health Inspector or a representative of the Board of Health. The undersigned further agrees that he shall have the approved plan of the work being performed in his possession at all times and shall be on the premises at the time of final inspection.

Any variance or modification of approved plans in the construction or repair of a sewage disposal system without approval of the Board of Health will be cause for revocation or suspension of this Permit.

Applicant's Signature _____

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law.

Signature of Individual or Corporate Name

Social Security # or Federal Identification #

By: _____

Corporate Officer (if applicable)

Address: _____

Phone: _____

Other Towns currently/previously licensed in: _____

REQUIRED DOCUMENTATION:

New applicants must provide certification and recommendation.

All applicants must provide Certificate of Liability.

For Office Use Only

Certificate of Liability

Recommendation

Certification

Approved

Not Approved

Date: _____

Permit#: _____

Health Director