



TOWN OF DUXBURY

BOARD OF HEALTH
TOWN OFFICES
878 TREMONT STREET
DUXBURY, MASSACHUSETTS 02332-4499

Telephone (781) 934-1100
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Tracy L. Mayo, R.S./R.E.H.S.
Health Agent

DISPOSAL WORKS INSTALLER'S PERMIT APPLICATION

NO DUXBURY PERMIT PREVIOUS YEAR REQUIRES APPLICANT TO TAKE EXAM

PERMIT FEE IS \$225.00 PER YEAR (YEAR ENDS DECEMBER 31ST)

Date: _____

Name of Business: _____

Address: _____

Mailing Address: _____

City: _____ **Zip:** _____ **Phone:** _____

Name of Owner: _____

City: _____ **Zip:** _____ **Phone:** _____

1. **How long have you been in business?** _____

2. **Please list all towns in which you currently hold Installer's Permits. If you were not permitted in Duxbury last year, attach copies of permits from other towns.**

3. **Do you hold any other applicable type of license? If so, please list with license number:**

4. **Do you have a copy of Title 5 and the current Supplementary Rules & Regulations of the Town of Duxbury?** _____

5. **Are you certified to install infiltrator chambers?**

I have read Title 5 and the Duxbury Rules & Regulations. I understand all their requirements and agree to abide by them. I understand that violation may be a basis for revocation of this permit.

Signature of Applicant: _____ **Date:** _____

PLEASE MAKE SURE YOU FILL OUT REMAINING TWO SHEETS
NEW DUXBURY APPLICANTS SHOULD PROVIDE COPIES OF OTHER TOWN PERMITS