

TOWN OF DUXBURY

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

Telephone (781) 934-1100

APPLICATION FOR SEPTAGE HAULER'S PERMIT TITLE V 310 CMR 15.502

FEES \$243.00 FOR FIRST TRUCK
\$ 25.00 FOR EACH ADDITIONAL TRUCK

In accordance with M.G.L. c.III, Section 31B and 310 CMR 15.402 (Title 5) the undersigned makes application to the Board of Health for permission to remove and transport contents taken from Septic Tanks, Grease Traps/Tanks, Privies, Cesspools and other sewage waste receptacles as set forth below:

THIS DOES NOT INCLUDE ANY MATERIAL WHICH IS HAZARDOUS WASTE.

1. Name of Business: _____

Address: _____

Town: _____ Zip: _____

Mailing Address: _____

_____ Zip: _____

Telephone: _____

2. Is the business a corporation ? _____ If yes, please provide the following information:

Date of Articles of Organization filed: _____

Name & Address of President and Treasurer:

Name

Address

President: _____

Treasurer: _____

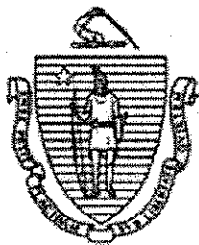
If no, please list name & address of principal owner:

Name: _____

Address: _____

Company with which liability insurance is carried:

PLEASE ATTACH COPY OF POLICY



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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**

SS# or Federal I. D. Number

**By: Corporate Officer (Mandatory, if
Applicable)**

Date

- **This license will not be issued unless this certification clause is signed by the applicant.**
- **Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.**