



## New - Disposal Works Installer's License Application

Acton Board of Health

Health Dept. Phone: 978-929-6632

[www.acton-ma.gov](http://www.acton-ma.gov)

[health@acton-ma.gov](mailto:health@acton-ma.gov)

**Form  
B-1**

**FEE: \$230.00**

### **APPLICATION FOR DISPOSAL WORKS INSTALLER'S PERMIT**

I hereby apply for a Disposal Works Installer's Permit as required by Regulation 15.02(2) of Title 5 of the State Environmental Code and Regulation 11-14.3 of the Rules and Regulations of the Acton Board of Health.

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If partnership or corporation, list names and addresses of officers:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

The undersigned agrees that he/she has read and understands Title 5 of the State Environmental Code and the Acton Board of Health Rules and Regulations and also agrees to abide by them. The undersigned also understands that any violation of Title 5 or the Acton Board of Health Rules and Regulations will be sufficient cause for revocation of his/her installer's permit.

Signed \_\_\_\_\_ Date \_\_\_\_\_

References: (Please list below three current references, preferably Boards of Health).

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

#### Office Use Only

Fee Paid : \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Approved by: \_\_\_\_\_

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_