

*\$200.00 – Original
\$150.00 - Renewal*



**TOWN OF MIDDLEBOROUGH
BOARD OF HEALTH**

**APPLICATION FOR A DISPOSAL WORKS INSTALLER’S PERMIT
TO CONSTRUCT, ALTER, INSTALL OR REPAIR INDIVIDUAL
SEWAGE DISPOSAL SYSTEMS**

To the Board of Health of Middleborough: Application is hereby made for a Disposal Works Installer’s permit in accordance with Regulation 2.2 of Title 5 of the State Environmental Code.

Name of Applicant _____

Address of Applicant _____

Business Name _____

Telephone Number _____ *Email* _____

Is Applicant a Corporation? Yes _____ *No* _____

President _____

Treasurer _____

Clerk _____

No system shall be installed or repaired for which a permit has not been issued by the Board of Health.

Signature of Applicant / Date