

MILTON BOARD OF HEALTH

DISPOSAL WORKS INSTALLER PERMIT

Supplemental Information

DATE: _____

CELL PHONE/BEEPER NUMBER: _____
(Required To Reach Installer On-Site or Outside Normal Business Hours)

LIST OTHER COMMUNITIES THAT YOU ARE CURRENTLY LICENSED IN:
(If New Applicant, Please Attach Copies of 2-3 Different Current Permits From These Towns)

REFERENCES: (For New Applicants Only)

Name	Address	Telephone Number
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Name	Address	Telephone Number
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“I certify that I have read and fully understand the subsurface sewage disposal system requirements of the State Environmental Code, 310 CMR 15.000, Title V, and that I agree to comply with such regulations as existing or may from time to time be amended, and that I am familiar with the construction practices and inspection requirements of the Milton Board of Health.”

Signature of Applicant: _____