Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
Phone: 978-671-0931
Fax 978-671-0919
Web Site www.town.billerica.ma.us

APPLICATION FOR DISPOSAL WORKS INSTALLER

Pursuant to Billerica Board of Health Regulations Chapter 5, Section 5.6.001

PLEASE PRINT **FEE $ 100.00**

_____ NEW **_____ RENEWAL** DATE _____

NAME OF INDIVIDUAL _____

NAME OF COMPANY OWNED BY YOU _____

HOME ADDRESS_____

BUSINESS ADDRESS_____

MAILING ADDRESS (if different) _____

TELEPHONE (BUSINESS)_____ (HOME) _____

E-MAIL ADDRESS _____

The above statements are true to the best of my knowledge. I understand that I am responsible for obtaining all necessary permits for all work done under my license and that all work done must be inspected by agents of the Board of Health. Failure to inform the Billerica Board of Health of any work done, without proper permits, or any violation of State, Federal, County, or Local Laws, or Rules and Regulations may be cause of revocation or suspension of my license.

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, 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.

_____
Print Name of Applicant

_____
Signature of Applicant Date

_____
Social Security # / Federal Identification #

RECEIVED