Billerica Health Department

Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us

APPLICATION FOR TITLE 5 SYSTEM INSPECTOR

Pursuant to Billerica Board of Health Regulations Chapter 5, Section 5.6.003

FEE $ 100.00

_____ NEW _____ RENEWAL DATE _____

NAME OF APPLICANT _____

NAME OF COMPANY_____

HOME ADDRESS_____

BUSINESS ADDRESS_____

MAILING ADDRESS_____

TELEPHONE (business)_____(home) _____

EMAIL ADDRESS _____

The above statements are true to the best of my knowledge. I understand that I am responsible for inspecting systems in the Town of Billerica in accordance with 310CMR15.302, 15.303, the State Environmental Code, Title 5 and Chapter 5, Section 5.6.003 of Board of Health Rules and Regulations. Furthermore, I am responsible for providing sufficient information and taking any action deemed necessary by the Board of Health in order to make a determination as to whether or not the system is adequate to protect the public health and the environment.

In addition, I shall report my findings to the Board of Health and I understand the acceptance of my report shall be subject to approval by the Board of Health.

Failure to comply with Title 5 of the State Environmental Code, the Billerica Board of Health local rules and regulations and any other applicable rules and regulations may be cause of revocation or suspension of my license. **Please be advised that recent revisions to Title 5 now require a renewal process for all System Inspectors.**

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