

TOWN OF SHARON

BOARD OF HEALTH

Sharon, Massachusetts

Disposal System Installer's Permit Guide

Attached please find an application for renewing your disposal works installer's license from the Sharon Board of Health. If you intend to install or repair septic systems in Sharon, please provide the following documents:

- 1. Application for Disposal System Installer's Permit
- 2. Workers' Compensation Insurance
- 3. Affidavit Certificate of Liability Insurance
- 4. Two references from other Towns in which you hold licenses (Required if a Sharon license not held the previous year)
- 5. List of Construction Equipment

The provision of 310 CMR 15.021 (4), Title 5 requires that prior to issuance of a certificate of compliance, as-built plans shall be prepared in accordance with 310 CMR 15.220.

If you have any questions relating to the application process please contact Kevin Davis, Agent for the Board of Health at (781)784-1525 x2317.

Kevin Davis Engineering Field Agent



TOWN OF SHARON

BOARD OF HEALTH

Sharon, Massachusetts

Permit No	
Date:	
Fee:	

Application For Disposal System Installer's Permit

Application is hereby made to construct, alter, install, or repair individual sewage disposal systems in the Town of Sharon, Massachusetts in conformance with the Commonwealth of Massachusetts Environmental Code, Title 5, 310 CMR 15.019: Disposal System Installers Permit and in compliance with the Town of Sharon Codification Division 2: Regulations, §300-7.18. All permits expire at the end of the calendar year, December 31st.

Name of Applicant:		
Business Name:		
Business Address:		
City:	State:	Zip Code:
Phone:		
Email:		
Federal ID / Social Sec	urity No	
Currently Licensed in the	he Following Towns:	
Title 5 Certified: Ye	es No License No.	(If Yes):
best of my knowledge required under State La with Title 5 and the To	e and belief, I have fi aw. I further certify that own of Sharon local re	eneral Laws, Chapter 62C, Section 49A, that to the led all State tax returns and have paid all taxes at I have a working knowledge of and will comply gulations and that a minimum of twenty-four (24) Field Agent when requesting required inspections.
Installer's Signature:		
Date:		
		al Use Only
Conditions of Approva	1:	
Approved By		Date