

BOARD OF HEALTH

78 Main Street
Hudson, MA 01749
978-568-9625

Date Submitted:

Fee

Permit No:

APPLICATION FOR A LICENSE TO *Install Subsurface Sewage Disposal Systems*

COMPANY NAME/LOCATION

COMPANY NAME:

LOCATION:

MAILING ADDRESS:

PHONE:

FAX:

OWNER

FULL NAME:

PHONE:

Sole Proprietor _____ Partnership _____ Trust _____ Corp _____

If corporation or partnership, give names, titles, and home addresses of officers.

- 1.
- 2.
- 3.

SITE OF LAST THREE INSTALLATIONS

Site Address

Community

LIST NAMES OF PERSONS SUPERVISING SEWAGE DISPOSAL INSTALLATIONS:

- 1.
- 2.
- 3.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed al state tax returns and paid all state taxes required under law.

Social Security # or Tax Identification #

Signature of Individual or Corp
