

Town of Franklin

Board of Health

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David McKearney, R.S., Health Director
Ginny McNeil, Health Agent



355 East Central Street
Franklin, MA 02038-1352
(508) 520-4905
FAX (508) 520-4989
WEB: www.franklin.ma.us

No. _____

Fee _____

DISPOSAL WORKS INSTALLER'S PERMIT APPLICATION

The undersigned hereby applies for a **DISPOSAL WORKS INSTALLER'S PERMIT** to construct, alter, install or repair subsurface sewage disposal systems as required by the provisions of the State Environmental Code, Title V, and the rules and regulations of the Franklin Board of Health.

Full Name of person, or persons, firm or corporation making application

Address

Telephone number and name of authorized person who can be contacted by the Board of Health or its agent during normal business hours. _____

Tel. No.

If not available during normal business hours, specify means by which applicant or authorized Agent can be contacted at other times. _____

I hereby certify that I have read and fully understand the subsurface sewage disposal system requirements of the Franklin Board of Health and the State Environmental Code, 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.

Signature of Applicant or Authorized Agent

REFERENCES

Application Approved: _____

Date

By