



**TOWN OF WESTPORT**  
**WESTPORT, MASSACHUSETTS 02790**

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Fax: (508) 636-1016  
Health@Westport-MA.gov

OFFICE OF BOARD OF HEALTH  
856 MAIN ROAD

## APPLICATION FOR INSTALLER'S PERMIT

**FEE:** \$250.00

**EXPIRES:** Dec. 31<sup>st</sup> - Annually

In accordance with M.G.L. c. 111, Section 31 and 310 CMR 15.019 (Title 5) the undersigned makes application to the Board of Health for permission to engage in the construction, repair, upgrade, or expansion of on-site systems in the Town of Westport.

Name of Applicant: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Hoisting License # and Expiration \_\_\_\_\_ Hoisting License Grade: \_\_\_\_\_

Copy of Hoisting Licenses ☐ Worker's Comp. Affidavit ☐ Insurance Cert. (If Applies) ☐

If you are licensed to install Presby, Eljen or Geo Flows systems please attach your certification (i.e. copy of card)

Has your installer's permit ever been revoked or suspended in any other town and if yes, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to install any on-site system without a sewage disposal system construction permit.

M.G.L. 62C, Section 49A, (a) A person applying to any department, board, commission, division, authority, district or other agency of the commonwealth or a subdivision of the commonwealth, including a city, town or district, for a right or license to conduct a profession, trade or business or for the renewal of the right or license, shall certify upon application, under penalties of perjury, that he has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

New Installers -Test Date: \_\_\_\_\_