

Community Name
SEPTIC SYSTEM INSTALLERS PERMIT APPLICATION_{CIS}

No person may install or work on an onsite septic system without a current Board of Health (BOH) permit or license.

Renewal Annual Application
 New Annual Application
 Single Installation Application
 Revised Application

BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. *Required Information.

* Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		Assessor Map/Lot #	
*Phone Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	
Comments			

LIST OF QUALIFIED INSTALLERS

Note: Each installation requires a qualified, certified and licensed Installer onsite at each installation. Please list all qualified company Installers:

	*Name	*Cell phone	*BCBOHA Certification Expiration Date
<input type="checkbox"/> *Installer #1			
<input type="checkbox"/> Installer #2			
<input type="checkbox"/> Installer #3			
<input type="checkbox"/> Installer #4			

INSTALLER QUALIFICATIONS

*I and my company hereby apply for a permit to install septic systems and attest to the accuracy of the following information:
 *I and all my Installers are familiar with the requirements of Title 5 of the State Environmental Code regarding the installation of septic systems
 *I and my company have the appropriate equipment and skills needed for septic system installations
 *My company will not undertake a new installation, alteration or repair without first making sure that the Board of Health has been informed and has approved the proposed design and issued the appropriate permits
 *After an installation I and my company will provide an Installation Certification Letter, As-built plans and a current sieve analysis as needed
 *I and my installers are certified to install any I/A (innovative or alternative) technology systems that we work on
 *I and my installers all have a current BCBOHA Installers Certifications. If I do not have a current BCBOHA Installer’s Certification, I must appear before the Board of Health Agent/Director for each proposed installation to demonstrate that my training and experience are appropriate for the work that I propose to undertake and pay additional fees for oversight and inspections if the single use permit is issued.
 *BCBOHA Installers Certification Cards attached or copy of listing from www.bcboha.org or other evidence of qualifications to work on septics.
 *I will obtain a Trench Permit for septic tank installations that cannot be completed in one day or as required.

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
 2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
 3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Fee	\$100 with BCBOHA Certification	<input type="checkbox"/> \$ 250 fee and special permission without BCBOHA certification	
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

AGREEMENT

*I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
 *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman’s Comp Laws
 *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
 *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

SIGNATURE

*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title	*Date of Application:
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