



Town of Athol
BOARD OF HEALTH
584 Main Street
Athol, Massachusetts 01331

Telephone
978-249-7934
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978-249-0134
Email
boh@townofathol.org

Application for Disposal Works Installer's Permit
Fee: \$100 Annually Payable to the Town of Athol

In accordance with Regulation 2.2, Title V, Department of Environmental Protection, all persons and/or firms must obtain a Disposal Works Installer's Permit from the Board of Health.

Date of Application: _____

Name of Applicant: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Name of Individual(s) Installing: _____

REFERENCES (NEW APPLICANT ONLY): _____

Pursuant to MGL Ch. 62C, sec. 49A. I certify under the penalties of perjury that I, to my best knowledge and belief have filed all State and Local Tax returns and paid all State and Local Taxes required under law. And are in compliance with Worker's Compensation Insurance regulations.

Signature of Applicant Title

Federal ID #: _____