

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED _____

APPROVED BY _____

PERMIT FEE: \$ _____

PERMIT ISSUED _____

Check/ MO # _____

DATE: _____

ID#: _____

CITY OF NEW BEDFORD HEALTH DEPARTMENT

1213 Purchase Street - 1st Fl, New Bedford, MA 02740

For Application Assistance or Inspectors: (508) 991-6199

INSTALLERS PERMIT

ANNUAL PERMIT APPLICATION – Permit fee: \$175.00

New business application must be submitted at least 30 days prior to proposed start work date.

Name of Applicant: _____

Company: _____

Address: _____

City, State, Zip Code: _____

Email address: _____

Telephone #: _____ Cell phone: _____

Hoisting License # _____ Hoisting License grade _____ Hoisting License expiration date: _____

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

New Applicants only:

Are you licensed in any other towns/cities? If yes, please list the Towns: _____

Has your installer's permit ever been revoked or suspended in the other town and if yes, why: _____

FEIN: _____ W/C Policy : _____ Exp: _____

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. Furthermore, it is agreed that after the on-site system is completely installed, and certificate of completion must be signed within thirty (30) days.

MGL 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.

Supporting Required documents attached:

- Worker's Compensation Insurance Affidavit
- Copy of Liability & Worker's Comp. Insurance Coverage – your insurance company can fax to us at (508)991-6292
- Copy of Articles of Incorporation or Business Certificate
- Proof of current licenses from two other towns
- Installer's Certification (for I/A Systems only)

Date: _____ Signature of Applicant: _____