



Town of Brewster
Health Department
2198 Main Street
Brewster, Massachusetts 02631-1898
(508) 896-3701 X1120
FAX (508) 896-4538

DISPOSAL WORKS INSTALLER'S PERMIT RENEWAL

Application for permit to engage in the construction, alteration, installation or repair of any individual sewage system. If all information is correct and the blanks filled in, please sign and return to the Health Department along with the **Fee** and the State required **WORKERS COMPENSATION INSURANCE AFFIDAVIT FORM**. No permit will be issued if form is not returned. Should corrections be needed, please make them.

Fee: \$110.00

1. Full name of applicant: _____
2. Business Name: _____
3. Mailing address: _____
(if different from above)
4. Business address location: _____
5. Telephone #: _____
6. Type of business: _____
7. State your experience in this field: _____
8. Towns where current licenses are held: _____
9. Are you familiar with the Massachusetts Sanitary Code Regulations, Title 5: Minimum Requirements for the Subsurface Disposal of Sanitary sewage? _____
10. I understand that no system will be installed until the Health Agent inspects the over dig: _____
11. I understand that no system will be covered until inspected: _____
12. I understand that any violation of the Health Laws in regard to the installation of a sewage system will result in **REVOCATION** of my permit, which may mean prosecution or both. This permit will expire December 31,
13. I HEREBY STATE THAT ALL ANSWERS ARE CORRECT AND UNDERSTOOD OR HAVE BEEN CORRECTED.

Applicant Signature: _____
Title: _____ Date: _____

Enclose application, fee and workers compensation insurance affidavit