



**BOARD OF HEALTH
TOWN OF SEEKONK
SEEKONK, MA**

Application for permit to engage in the business of:
Installation of Private Sewage Systems in the Town of Seekonk

Fee: \$150.00 – To Be Submitted With Application

\$ 50.00 – Annual Renewal Fee

1. Full name of applicant: _____

2. Business address: _____

3. Telephone number: _____

4. Email Address: _____

5. State the type of business: _____

6. Briefly state your experience in this field: _____

7. Are you familiar with the Massachusetts Sanitary Code, Title V and the regulations of the
Town of Seekonk governing private sewerage installations? _____

8. That no system will be covered until inspected? _____

9. Is it understood by you that any VIOLATIONS of the Health Laws in regard to the installation
of private sewerage system will mean the REVOCATION of your permit which may mean
prosecution or both? _____

10. This permit will expire December 31, _____

Signature: _____

Title: _____

Date: _____

Chairman of the Board of Health

Board Member

Board Member

MA License # _____

Please complete the front and back of this form.

Pursuant to M.G.L. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and all state taxes required under law.

Social Security Number or
Federal Identification Number

Signature of Individual or Corporate Name

By: _____
Signature of Corporate Officer
(if applicable)

Please complete the front and back of this form.