



**TOWN OF NORTH BROOKFIELD
MASSACHUSETTS 01535**

OFFICE OF THE BOARD OF HEALTH

215 North Main Street
Telephone: 508-867-0201
Fax: 508-867-0046

Email: health@northbrookfield.net
Website: www.northbrookfield.net

APPLICATION FOR SEPTIC SYSTEM INSTALLERS PERMIT

FEE: \$125.00

CHECKS MADE PAYABLE TO TOWN OF NORTH BROOKFIELD

ALL SEPTIC SYSTEM INSTALLER PERMITS EXPIRE DECEMBER 31st OF EACH YEAR

Installers name: _____

Company Name: _____

Officer/Owner Name: _____

Company Officer/Owner Signature: _____

Address: _____

Mailing Address: (if different) _____

Telephone: _____ Fax: _____

Cell: _____ e-mail: _____

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Name of Person Supervising Sewage Disposal Installation: \_\_\_\_\_  
(must be the licensed installer for the project)

New: \_\_\_\_\_ Renewal: \_\_\_\_\_ For the year: \_\_\_\_\_

NOTE: As the licensed installer YOU are responsible for all aspects of construction. YOU are responsible for any persons you allow to perform work under your license.



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**THE TOWN OF NORTH BROOKFIELD**  
**SEPTIC SYSTEM INSTALLER'S PERMIT**  
**APPLICATION FORM - PAGE 2**

**New Installers:**

1. The applicant must have a minimum of one year working experience working under a permitted installer from any Town in Massachusetts. 2. The applicant shall provide proof that a permitted installer, for a minimum of one year has duly employed them by submitting a copy of a W2 form with no less than 1000 hours of work experience. 3. The applicant shall pass the Title 5 Installers exam given by Malley Engineering. A passing grade of 70 is required. Contact Malley Engineering at 508-864-8733.

**Installers who have worked in other Towns:**

Please answer the following questions:

1. Have you ever held a permit in North Brookfield in the past? \_\_\_\_\_ Year \_\_\_\_\_

2. Has your permit to install septic systems in any town ever been revoked? \_\_\_\_\_ If yes, please explain the circumstances and indicate where it is revoked.

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**THE TOWN OF NORTH BROOKFIELD  
SEPTIC SYSTEM INSTALLER'S PERMIT  
APPLICATION FORM - PAGE 3**

**PROOF OF APPROPRIATE COMMERCIAL LIABILITY INSURANCE (\$1,000,000.00) AND, IF THE PERSON HAS AN EMPLOYEE, CARRY WORKER'S COMPENSATION INSURANCE, MUST BE ATTACHED TO THE INSTALLER'S PERMIT APPLICATION. FAXES ARE NOT ACCEPTABLE.YOUR PERMIT APPLICATION WILL NOT BE ACCEPTED UNLESS YOUR PROOF OF INSURANCE IS ATTACHED. IF NO WORKER'S COMPENSATION IS REQUIRED A SWORN NOTARIZED AFFIDAVIT MUST BE SUBMITTED. FAILURE TO MAINTAIN THE INSURANCE REQUIRED BY THE BOARD OF HEALTH REGULATION MAY RESULT IN THE REVOCATION OF YOUR INSTALLER'S LICENSE BY THE BOARD OF HEALTH.**

EID#: \_\_\_\_\_

Name and address of Insurance Company (Please attached Certificate of Insurance, personal and property liability insurance): \_\_\_\_\_

**INSTALLER'S PERMITS EXPIRE ON DECEMBER 31ST OF EACH CALENDAR YEAR.**

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Please make your check for \$125 payable to the Town of North Brookfield. Completed applications should be returned to the Office of the Board of Health along with copies of all required documentation. Failure to comply may result in the revocation of operation within the Town of North Brookfield.

Permit Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

I hereby declare that the above statements made on this application for a license to install septic systems are complete and true and that non-compliance with the above may result in the revocation of my license. Pursuant to Massachusetts General Laws Chapter 62C, section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
SS# or Tax ID#                      Applicant Signature                      Date