



Town of Fairhaven
Board of Health
40 Center Street
Fairhaven, Ma 02719



Public Health
Prevent. Promote. Protect.

SEPTIC SYSTEM INSTALLER PERMIT APPLICATION

In accordance with M.G.L. c.111, Section 31 and 310 CMR 15.019 (Title 5) the undersigned makes application to the Board of Health for permission to engage in the construction, upgrade, or expansion of on-site systems in the Town of Fairhaven

Name of Applicant: _____

Company: _____

Address: _____

City, State, Zip Code: _____

E-mail address: _____

Telephone #: _____

Liability Insurance
must be Provided: _____

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

Are you licensed in any other towns/cities: Yes No

If yes, please state the towns: _____

Has your installer's permit ever been revoked or suspended in the Town of Fairhaven or any other town and if yes, why?: _____

**The Board of Health requires a copy of your hydraulics/hoisting license.
Please attach a copy to this application**

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, an installer's certification must be signed within thirty (30) days.

Date: _____ Signature of Applicant: _____