



CITY OF SALEM, MASSACHUSETTS

KIMBERLEY DRISCOLL
MAYOR

BOARD OF HEALTH
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LARRY RAMDIN, RS/REHS, CHO, CP-FS
HEALTH AGENT

APPLICATION FOR DISPOSAL SYSTEM INSTALLERS PERMIT

Fee: \$10.00

In accordance with the provisions of 310.CMR 15.00 and the Salem Board of Health regulations an application for a Disposal Works Installers permit in hereby submitted:

Name of Applicant: _____
(Print name of Applicant)

Address: _____
Print Address of applicant

Telephone: _____ E-Mail: _____

Business Name: _____

Address if Different from applicant: _____

I certify under penalties of Perjury, that I to the best of my knowledge and belief have filed all state tax returns and have paid all state taxes required by law

Signature: _____

For official Use only

Amount Received: _____

Received by: _____

Approved By : _____

Permit# : _____