

Town of Otis

Board of Selectmen ♦ Board of Health
Town Hall ♦ One North Main Road ♦ Otis, MA 01253-0237
(413) 269-0100 ext. 104
healthdept@townofotisma.com

Disposal Works Installer Permit Application

Name of establishment: _____
Physical address of establishment: _____
Mailing address of establishment: _____
Telephone number: _____
Owner or Corporation information: _____
Manager or Emergency Contact: _____
Email Address: _____

TYPE OF LICENSE	FEE	EXPIRATION	DUE
<input checked="" type="checkbox"/> Disposal Works Permit	\$100.00	December 31 st	\$100.00
TOTAL AMOUNT DUE			\$100.00

Have you ever been licensed to install a subsurface disposal system? _____

If yes, please indicate what towns, if any, you have installed septic systems in: _____

Pursuant to MGL c. 62C § 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant _____ Date: _____

Social Security Number or Federal ID # _____

All applications are subject to Board of Selectmen/Board of Health approval. Applications must be submitted with payment, together with the Commonwealth of Massachusetts Department of Industrial Accidents Workers' Compensation Insurance Affidavit for General Business (www.mass.gov/dia) and a policy declaration page (if applicable).