



TOWN OF PRINCETON
6 TOWN HALL DRIVE
PRINCETON, MASSACHUSETTS 01541-1137
(978) 464-2104 - FAX (978) 464-2106

BOARD OF HEALTH

FEE: \$100.00

20____
Disposal Works Installers Permit
Application for Annual Renewal

Pursuant to the State Sanitary Code 310 CMR 15.02:(2) TITLE V “No person or firm shall engage in the construction, alteration, installation, or repair of any individual sewage disposal system without first obtaining a Disposal Works Installer’s Permit from the Board of Health. Such permits shall expire at the end of the year in which they are issued unless earlier revoked for cause by the Board of Health.”

The applicant should meet the following criteria:

1. is an experienced sewage disposal system contractor who has a working knowledge of the purpose and intent of the contents of Title V and/or other local regulations pertaining to the disposal of sewage;
2. is capable of understanding the function of all system components;
3. is reliable in reading and implementing a design plan; and
4. owns, or has access to, appropriate and properly operating equipment to install subsurface sewage disposal systems.

The Board of Health reserves the right to revoke a contractors Disposal Works Installers Permit at it discretion and without notice.

Complete the following information and return it with your annual fee of \$100.00 paid by check or money order made payable to the Town of Princeton.

Date: _____ Telephone: _____

Full Name: _____

Signature: _____

Business Name: _____

Business Address: _____

Certificate of Compliance
Proving Compliance with the Workers' Compensation Act

Section 25C of Chapter 152 Massachusetts General Laws requires that every local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth until it has received acceptable evidence of compliance with the Workers' Compensation Insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings or the renewal of such a license or permit, you must supply one of the following by attaching it to the CERTIFICATE OF COMPLIANCE.

Please check one:

☐ A Certificate of Insurance showing workers' compensation insurance in effect as of the date upon which issuance or renewal of a license or permit is requested.

☐ A copy of a policy of workers' compensation insurance in effect as of the date upon which the issuance or renewal of the license or permit is requested.

In certain circumstances, listed below, workers' compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption and sign the statement where indicated before a Notary Public, who will then notarize the sworn statement:

COMMONWEALTH OF MASSACHUSETTS

(COUNTY OF WORCESTER) SS.

☐ I am self-employed and have no employees who work for me, and do all of the work of my business, named _____ at _____, Princeton, myself.

Therefore, I am not required to obtain workers' compensation insurance.

☐ I and _____ are the owners of the business named _____ at _____, Princeton and we have no employees. Therefore, we are not required to obtain workers' compensation insurance.

I certify that the above is true and correct under the pains and penalties of perjury this _____ day of _____, 20__.

Signature

Sworn and subscribed before me this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____