Town of Westwood

Commonwealth of Massachusetts

BOARD OF HEALTH

DISPOSAL WORKS INSTALLERS APPLICATION

Fee: $100.00

In accordance with M.G.L., Chapter 111, s. 31B and 310 CMR 15.019 (Title 5) the undersigned makes application to the Board of Health for permission to construct, alter or upgrade individual Sewage Disposal Systems in the Town of Westwood.

Business
Name_____

Business
Address_____

Applicant
Name_____

Applicant Home
Address_____

Home Tel. _____Business Tel. No._____

Email Address: _____

I certify that the information I have provided above is true and accurate. I will engage in the proper construction and installation of systems in accordance with 310 CMR 15.000, *The State Environmental Code Title V: Minimum Requirements for the Subsurface Disposal of Sanitary Sewage,* and any other local regulations.

Signature_____ Date_____

Permit fees are non-refundable

Carby Street Municipal Office Building – - 50 Carby Street - Westwood, MA 02090
☎ (781) 320-1026/1027 - Fax No. 781-461-6838

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