

TOWN OF PLAINVILLE

BOARD OF HEALTH

P. O. Box 1717 - 02762

Phone: 508-695-3142. ext 16, Fax: 508-695-3927

PERMIT/LICENSE APPLICATION

Check boxes that apply

***FEE \$100.00 each**

- | | |
|---|--|
| <input type="checkbox"/> Installing & Repairing Septic Systems (I) | <input type="checkbox"/> Title 5 Inspector (T5) _____
(State Lic #) |
| <input type="checkbox"/> Percolation Test Performer (PT) | <input type="checkbox"/> Soil Site Evaluator (S) _____
(State Lic #) |

**If more than one permit is requested on the same application at the same time the following fees apply:
Any two - \$150.00, Any three - \$250.00 **Only ONE applicant name permitted for each application,
additional applicants require separate license/permit.*

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

ALL INFORMATION MUST BE INCLUDED. PLEASE MAKE ANY CORRECTIONS NECESSARY.

**Applicant Name (*Only ONE*)

Business Name

Mailing Address

Telephone Number

Cell Phone Number (*office use only*)

E-mail (*office use only*)

Date of Application

In said Town of Plainville in accordance with the rules and regulations made under authority of said statutes.

I certify under the 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 Individual or Corporate Name (Mandatory)

*By Corporate Officer (Mandatory, if applicable)

**Social Security or Federal Identification Number

** This license or permit will not be issued unless this certification clause is signed by applicant.*

*** Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.*

Permit #	<u>I</u>
Permit #	<u>PT</u>
Permit #	<u>T5</u>
Permit #	<u>S</u>
Received	_____
Fee	_____
Paid (ck or cash)	_____
License granted	_____
FOR OFFICE USE ONLY	