



THE COMMONWEALTH OF MASSACHUSETTS
Town of Hanover
APPLICATION FOR A SEPTIC INSTALLER'S PERMIT

Date: _____, _____

Fee: \$100.00

Permit Number: IR-_____

To the licensing authorities:

In accordance with the provisions of the Statutes and Regulations relating thereto, application for a Permit is hereby made by:

Company: _____

Name of person applying

Firm or Corporation making application

Street Number/Name

City

Zip

To: *Install and/or repair septic systems within the Town of Hanover*

Tel # _____ Fax: # _____

Cell # _____ SS # _____ - _____ - _____

(Signature of applicant)

(Print name)

The following information must be provided to the Board of Health before a permit can re-newed:

Copy of Liability & Workman's Comp. Insurance

Workman,s Comp. Application

This application and the above noted fee

Also, new applicants who have not worked in Hanover must also:

Provide copies of 2 other towns septic installers permit where work has been performed

Take a test given in Board of Health office

Copy of driver license

All permits expire December 31st of each year. Failure to work without this permit will result in a fine.