



THE COMMONWEALTH OF MASSACHUSETTS
 Board of Health
 Town of Hanover
 550 Hanover Street, Hanover, MA 02339
 Tel: (781) 826-4611 Fax: (781) 826-5289

APPLICATION FOR A TITLE 5 INSPECTOR'S PERMIT

Date: _____, _____

Fee: \$100.00

Permit Number: _____

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: _____

Person's name (Each person within a co. must have a separate permit)

Company

Street Number/Name

City

Zip

To: Perform Title 5 Inspections within the Town of Hanover

Tel # _____ Fax: # _____

Cell # _____

E-mail: _____

(Signature of applicant)

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Hanover has supplementary regulations to Title 5 regarding groundwater.

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

- *Copy of State Title 5 Certificate/Letter from state*