

New: \_\_\_\_\_  
Renewal: \_\_\_\_\_



# TOWN OF CHARLTON

37 MAIN STREET  
CHARLTON, MA. 01507  
508-248-2210

## BOARD OF HEALTH

### **APPLICATION FOR SEPTIC SYSTEM INSTALLERS PERMIT**

ALL SEPTIC SYSTEM INSTALLER PERMITS EXPIRE DECEMBER 31st OF EACH YEAR  
THE TOWN OF CHARLTON LICENSES INDIVIDUALS NOT COMPANIES

Installers name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Officer/Owner Name: \_\_\_\_\_

Company Officer/Owner Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

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Name of Person Supervising Sewage Disposal Installation: \_\_\_\_\_

*(must be the licensed installer for the project)*

*NOTE: As the licensed installer YOU are responsible for all aspects of construction.*

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**New Installers:**

1. The applicant must have a minimum of one year working experience working under a permitted installer from any Town in Massachusetts.
2. The applicant shall provide proof that a permitted installer, for a minimum of one year has duly employed them by submitting a copy of a W2 form with no less than 1000 hours of work experience.
3. The applicant shall pass the Title 5 Installers exam given by Malley Engineering. A passing grade of 70 is required. Contact Malley Engineering by calling Board of Health at 508-248-2210 Option #1.

**Installers who have worked in other Towns:**

Installers who hold a current Installers license in at least three (3) other Massachusetts towns will be allowed to apply for a permit provided the following:

1. The licenses in the towns must be current
  2. The licenses must be in the name of the installer who is applying
  3. A copy of a signed Certificate of Compliance in each of the Towns where the installer is licensed must be submitted. Those COC's must be signed by the Board of Health.
- List the three (3) Other Massachusetts Municipalities in which you are licensed to install subsurface disposal systems:

Town	License Number	Date License Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please answer the following questions:**

1. Have you ever held a permit in Charlton in the past? \_\_\_\_\_ Year \_\_\_\_\_
2. Has your permit to install septic systems in any town ever been revoked? \_\_\_\_\_  
If yes, please explain the circumstances and indicate where it is revoked.

\_\_\_\_\_

\_\_\_\_\_

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**PROOF OF APPROPRIATE COMMERCIAL LIABILITY INSURANCE (\$1,000,000.00) AND, IF THE PERSON HAS AN EMPLOYEE, CARRY WORKER'S COMPENSATION INSURANCE, MUST BE ATTACHED TO THE INSTALLER'S PERMIT APPLICATION. FAXES ARE NOT ACCEPTABLE.YOUR PERMIT APPLICATION WILL NOT BE ACCEPTED UNLESS YOUR PROOF OF INSURANCE IS ATTACHED. IF NO WORKER'S COMPENSATION IS REQUIRED A SWORN NOTARIZED AFFIDAVIT MUST BE SUBMITTED. FAILURE TO MAINTAIN THE INSURANCE REQUIRED BY THE BOARD OF HEALTH REGULATION MAY RESULT IN THE REVOCATION OF YOUR INSTALLER'S LICENSE BY THE BOARD OF HEALTH.**

EID#: \_\_\_\_\_

Name and address of Insurance Company (Please attached Certificate of Insurance, personal and property liability insurance): \_\_\_\_\_

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INSTALLER'S PERMITS EXPIRE ON DECEMBER 31<sup>ST</sup> OF EACH CALENDAR YEAR.

MALLEY ENGINEERING AND THE TOWN OF CHARLTON BOARD OF HEALTH  
RESERVE THE RIGHT TO CLOSE THE INSTALLATION SEASON AT ANY TIME  
WITHOUT NOTICE

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Please make your check for \$100.00 payable to the Town of Charlton. Completed applications should be returned to the Office of the Board of Health along with copies of all required documentation. Failure to comply may result in the revocation of operation within the Town of Charlton.

Permit Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

I hereby declare that the above statements made on this application for a license to install septic systems are complete and true and that non-compliance with the above may result in the revocation of my license.  
Pursuant to Massachusetts General Laws Chapter 62C, section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
SS# or Tax ID#

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date