



# TOWN OF HALIFAX COMMONWEALTH OF MASSACHUSETTS

## Board of Health

499 Plymouth Street, Halifax, MA 02338  
Telephone (781)293-6768 \* Fax (781)293-1738

### Application for Septic Installer's Permit

Company/Corporate Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Responsible Person: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please be sure to send all required documents to be permitted in the town of Halifax, they are as follows:

- A completed, dated and signed permit application.
- A copy of Liability Insurance Certificate.
  - This is a requirement for the Halifax Board of Health to issue a permit.
- A copy of Workers Compensation Insurance Certificate.
- A Workers Compensation Insurance Affidavit.
- Annual fee in the amount of \$125.00 made out to the Town of Halifax.

**\*\*Please return to:**

Town of Halifax  
Board of Health  
499 Plymouth St.  
Halifax, MA 02338

Please read the statement below and sign:

- I have received and read the current Halifax Board of Health Supplementary Rules and Regulations to the State Environmental Code: Title 5, 310 CMR 15.000 and the Workers Compensation Insurance Affidavit statement above.
- I certify that I have read the Workers Compensation Insurance Affidavit and Liability Insurance Certificate statements above.

\_\_\_\_\_  
X Signature of Applicant

\_\_\_\_\_  
Date