



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 Soil Evaluator'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 your Soil Evaluator's Certificate from the State.
- 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