



**TOWN OF HALIFAX  
COMMONWEALTH OF MASSACHUSETTS**

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**Board of Health**

499 Plymouth Street, Halifax, MA 02338

Telephone (781)293-6768 \* Fax (781)293-1738

Cathleen Drinan, Health Agent: Email \* [cdrinan@town.halifax.ma.us](mailto:cdrinan@town.halifax.ma.us)

Peggy Selter, Administrative Assistant: Email \* [mselter@town.halifax.ma.us](mailto:mselter@town.halifax.ma.us)

**Application for Title V Inspector'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 Title V Inspector'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