

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; Building 20; Suite 2-36
NORTH ANDOVER, MASSACHUSETTS 01845



Susan Sawyer, REHS/RS
Public Health Director

978.688.9540 – Phone
978.688.8476 - Fax

APPLICATION FOR DISPOSAL WORKS INSTALLER'S LICENSE

**** Please note that the individual septic INSTALLER is licensed, not the company ****

DATE: _____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto:

NAME:

AFFILIATED WITH FIRM OR CORPORATION:

ADDRESS OF COMPANY:

TELEPHONE OF COMPANY:

E-Mail:

FEDERAL ID# / SS#:

TO: CONSTRUCT AND REPAIR SUBSURFACE DISPOSAL SYSTEMS

In the Town of North Andover, Massachusetts in accordance with the rules and regulations made under authority of said statutes.

Signature of Applicant

Contact Phone #: _____

Home Address: _____

FEE: \$80.00

RENEWALS - LATE FEE: Additional \$80.00 - after January 1st

Please make check payable to the *Town of North Andover, and mail to above address.*

Include with application:

- *Three (3) letters of reference*
- *Copies of licenses from other towns*
- *Copy of Heavy Equipment Operators License*
- *Proof of \$100,000 General Liability Insurance*