



## DISPOSAL WORKS INSTALLERS PERMIT Application for Permit or Annual Renewal

Pursuant to the State Sanitary Code 310 CMR 15.02:Title V “No person shall engage in the construction, alteration, installation or repair of any individual sewage disposal system without first obtaining a Disposal Works Installers’ Permit from the Board of Health. Such permits shall expire at the end of the year in which they are issued unless earlier revoked for cause by the Board of Health.”

The application should meet the following criteria:

- 1) Is an experienced sewage disposal system contractor who has a working knowledge of the purpose and intent of the contents of Title V and/or other local regulations pertaining to the disposal of sewage.
- 2) Is capable of understanding the function of all system components.
- 3) Is reliable in reading and implementing a design plan , and
- 4) owns, or has access to, appropriate and properly operating equipment to install subsurface sewage disposal systems.

Prior to issuance of a permit the applicant must produce/provide three (3) letters from local Boards of Health stating that the contractor has correctly installed subsurface sewage disposal system(s) within their jurisdiction and is competent in this practice.

Should the applicant be unable to provide said documentation, the applicant must demonstrate to the Board of Health that he/she is competent in this practice.

The Board of Health reserves the right to revoke a contractors Disposal Works Installers Permit at its discretion and without notice.

An annual fee of \$110.00 is required and may be paid by check or money order made payable to The City of Worcester.



## DISPOSAL WORKS INSTALLERS' RENEWAL OF LICENSE OR PERMIT

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

Trade Name: \_\_\_\_\_

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

I hereby request renewal of the above mentioned license or permit at the location indicated by me.

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

\_\_\_\_\_  
Date

**CERTIFICATION OF COMPLIANCE WITH WORCESTER  
REVISED ORDINANCE GOVENING REVENUE COLLECTION**

Pursuant to M.G. L. c.40, Section 57 and Worcester Revised Ordinances, Chapter 11, Article 2, Section 1, ET. Seq. I hereby certify, under pains and penalties of perjury, that the undersigned applicant, and all parties having an ownership interest therein, have complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments or any other municipal charges of any kind.

**GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES  
INTERESTED IN THE APPLICATION**

(Give first and last name in full; in case of a corporation give names of President, Treasurer and Manager: and in case of firms, give names of individual members).

**1) If a Proprietorship:**

Name of Owner: \_\_\_\_\_

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

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

**2) If a Partnership:**

Full Name and Addresses of all Partners:

**NAMES**

**ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Business Phone: \_\_\_\_\_

**3) If a Corporation:**

Full Legal Names:

\_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

Officers of Corporation:

NAME

TITLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5) If a Trust:**

Name of Trust: \_\_\_\_\_

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

Names of Trustees: \_\_\_\_\_

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

(USE ADDITIONAL SHEETS IF NECESSARY)

Dated this \_\_\_\_\_ day of \_\_\_\_\_

By

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

Title: \_\_\_\_\_

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

Social Security or Federal Identification Number: \_\_\_\_\_

\_\_\_\_\_

**Department of Inspectional Services  
25 Meade Street  
Worcester, Massachusetts**

The Massachusetts Enforcement and Protection Program, Statute 1983, Chapter 233, and the emergency regulations implemented there under by the Commissioner of Revenue, 830 Code of Massachusetts Regulations 62C.47, required the City of Worcester to furnish certain information of the Department of Revenue.

Any person, who is applying for a right or license to conduct a profession, trade or business, or for renewal thereof, must certify under the penalties of perjury upon such application that he has complied with all the laws of the Commonwealth relative to taxes. Said license or renewal may not be issued without such certification.

“Pursuant to M.G.L. Ch. 62C, Sec.49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Social Security Number OR  
Federal Identification #

\_\_\_\_\_

Signature of Individual OR  
Corporate Name

\_\_\_\_\_

Date

\_\_\_\_\_

By Corporate Officer  
(if applicable)

\_\_\_\_\_

**THIS FORM MUST BE RETURNED WITH APPLICATION FOR LICENSE**

**CERTIFICATE OF COMPLIANCE  
PROVING COMPLIANCE WITH THE WORKERS' COMPENSATION ACT**

Section 25C of Chapter 152 of the Massachusetts General Laws requires the every local licensing agency shall withhold the issuance or renewal of a license or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth until it has received acceptable evidence of compliance with the Worker' Compensation Insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings, or the renewal of such a license or permit, you must supply on of the following by attaching it to the Certificate of Compliance.

IF YOU HAVE EMPLOYEES:

- I submit a Certificate of Insurance showing Workers' Compensation Insurance or a copy of a policy of Workers' Compensation in effect as of the date upon which the issuance or renewal of the license or permit is requested.

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IF YOU DO NOT HAVE EMPLOYEES:

In certain circumstances, listed below, Workers' Compensation Insurance is no required. If one of the situations applies to you, please check off the appropriate exemption. A notary must sign this sworn statement. DO NOT sign the form until told to do so by the Notary Public.

Commonwealth of Massachusetts)  
County of Worcester ) SS

- I am self-employed and have no employees who work for me, and do all the work of my business, named: \_\_\_\_\_ at \_\_\_\_\_, Worcester myself. Therefore, I am not required to obtain Workers' Compensation Insurance.

**OR**

- I and \_\_\_\_\_ are the owners of the business named \_\_\_\_\_ at \_\_\_\_\_, Worcester and we have no employees. Therefore, we are not required to obtain Workers' Compensation.

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I certify that the above is true and correct under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersign notary public, personally appeared \_\_\_\_\_, proven to me through satisfactory evidence of identification, which was \_\_\_\_\_ to be the person whose name is signed on this document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her belief.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**Print Form**