



20__
APPLICATION-SEPTAGE FEE \$130.00

PERMIT NUMBER_____

**APPLICATION FOR PERMIT TO REMOVE AND/OR TRANSPORT OFFENSIVE
SUBSTANCES WITHIN THE CITY OF WORCESTER**

**Pursuant to the provisions of Massachusetts General Laws, Chapter 111, Section 31,
and THE STATE ENVIRONMENTAL CODE, TITLE V: MINIMUM
REQUIREMENTS FOR THE SUBSURFACE DISPOSAL OF SANITARY
SEWERAGE (310 CMR 15.00)**

(Please Print or Type - Illegible or incomplete applications will be rejected)

BUSINESS NAME:_____

BUSINESS ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

NAME OF APPLICANT:_____

POSITION:_____

TELEPHONE: (____)_____

DESCRIPTION OF VEHICLE:

Make:_____ Year:_____

Type:_____ Capacity:_____

Color:_____ Plate No._____

Signature of Applicant:_____

**Please note - Applicant will be rejected unless complete tax form is submitted with this
application.**

Approved By: _____ Date:_____

Rejected : _____ Date:_____