



# Town of Norfolk

## Board of Health

1 Liberty Lane  
Norfolk, MA 02056

FEE: \$150.00

### 2009 DISPOSAL WORKS INSTALLER'S APPLICATION AND PERMIT

The undersigned hereby applies for a DISPOSAL WORKS INSTALLER'S PERMIT to construct, alter, install or repair subsurface sewage disposal systems and/or the components of, required by the provisions of the State Environmental Code, Title 5 and the rules and regulations of the Norfolk Board of Health.

---

NAME OF FIRM OR CORPORATION

---

ADDRESS

---

TOWN

STATE

ZIP CODE

Any and all telephone numbers must be provided for normal and after business hours for the Norfolk Board of Health or its Agent to contact the authorized installer.

---

OFFICE TELE #

HOME TELE #

FAX #

MOBILE TELE #

---

INDIVIDUAL INSTALLER'S NAME (please print)

EMAIL ADDRESS

I hereby certify that I have **received, read and fully understand** that the subsurface sewage disposal system requirements of the Norfolk Board of Health, and the State Environmental Code, Title 5. I agree to comply with such regulations as existing or may, from time to time, be amended and that I am familiar with the construction practices and inspection requirements.

---

### INDIVIDUAL INSTALLER'S SIGNATURE

Permit # \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\*This permit expires December 31 of the calendar year granted.

\*\*Any installer **new** to Norfolk must include **three (3)** letters of reference or current Installer's Permits from area towns.