

New: _____ Renewal: _____

For the year: _____



Town of Brookfield

BOARD OF HEALTH

6 Central Street

Brookfield, Massachusetts 01506

Tel: (508) 867-2930 Ext. 22 / Fax: (508) 867-5091

APPLICATION FOR SEPTIC SYSTEM INSTALLERS PERMIT

ALL SEPTIC SYSTEM INSTALLER PERMITS EXPIRE DECEMBER 31st OF EACH YEAR
THE TOWN OF BROOKFIELD LICENSES INDIVIDUALS NOT COMPANIES

Installers name: _____

Company Name: _____

Officer/Owner Name: _____

Company Officer/Owner Signature: _____

Address: _____

Telephone: _____ Fax: _____

Cell: _____ e-mail: _____

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Name of Person Supervising Sewage Disposal Installation: _____
(must be the licensed installer for the project)

***NOTE: As the licensed installer YOU are responsible for all aspects of construction.
YOU are responsible for any persons you allow to perform work under your
License.***

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New Installers:

1. The applicant must have a minimum of one year working experience working under a permitted installer from any Town in Massachusetts.
2. The applicant shall provide proof that a permitted installer, for a minimum of one year has duly employed them by submitting a copy of a W2 form with no less than 1000 hours of work experience.
3. The applicant shall pass the Title 5 Installers exam. And produce passing results to the Board of Health along with application.

Installers who have worked in other Towns:

Installers who hold a current Installers license in at least three (3) other Massachusetts towns will be allowed to apply for a permit provided the following:

1. The licenses in the towns must be current
2. The licenses must be in the name of the installer who is applying
3. A copy of a signed Certificate of Compliance in each of the Towns where the installer is licensed must be submitted. Those COC's must be signed by the Board of Health.

List the three (3) Other Massachusetts Municipalities in which you are licensed to install subsurface disposal systems:

Town	License Number	Date License Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer the following questions:

1. Have you ever held a permit in Brookfield in the past? _____ Year _____
2. Has your permit to install septic systems in any town ever been revoked? _____
If yes, please explain the circumstances and indicate where it is revoked.

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PROOF OF APPROPRIATE COMMERCIAL LIABILITY INSURANCE (\$1,000,000.00) AND, IF THE PERSON HAS AN EMPLOYEE, CARRY WORKER'S COMPENSATION INSURANCE, MUST BE ATTACHED TO THE INSTALLER'S PERMIT APPLICATION. FAXES ARE NOT ACCEPTABLE.YOUR PERMIT APPLICATION WILL NOT BE ACCEPTED UNLESS YOUR PROOF OF INSURANCE IS ATTACHED. IF NO WORKER'S COMPENSATION IS REQUIRED A SWORN NOTARIZED AFFIDAVIT MUST BE SUBMITTED. FAILURE TO MAINTAIN THE INSURANCE REQUIRED BY THE BOARD OF HEALTH REGULATION MAY RESULT IN THE REVOCATION OF YOUR INSTALLER'S LICENSE BY THE BOARD OF HEALTH.

EID#: _____

Name and address of Insurance Company (Please attached Certificate of Insurance, personal and property liability insurance): _____

INSTALLER'S PERMITS EXPIRE ON DECEMBER 31ST OF EACH CALENDAR YEAR.

THE TOWN OF BROOKFIELD BOARD OF HEALTH RESERVES THE RIGHT TO CLOSE
THE INSTALLATION SEASON AT ANY TIME WITHOUT NOTICE

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Please make your check for \$125.00 payable to the Town of Brookfield. Completed applications should be returned to the Office of the Board of Health along with copies of all required documentation. Failure to comply may result in the revocation of operation within the Town of Brookfield.

I hereby declare that the above statements made on this application for a license to install septic systems are complete and true and that non-compliance with the above may result in the revocation of my license.

Pursuant to Massachusetts General Laws Chapter 62C, section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

SS# or Tax ID# Applicant Signature Date _____