

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. SEP -	YEAR 2018
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APPLICATION FOR PERMIT TO REMOVE, TRANSPORT, AND DISPOSE OF SEPTAGE OR OTHER OFFENSIVE SUBSTANCES

CASH

CHECK



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$75.00
Non-Refundable Fee

Date: _____

Name of Business _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

Name Title Home Address

LIST DISPOSAL SITES TO BE USED: _____

The undersigned hereby applies for a Permit to REMOVE, TRANSPORT, AND DISPOSE of SEPTAGE or OTHER OFFENSIVE SUBSTANCES in the City of NORTHAMPTON in accordance with Chapter 111, Section 31A of the Massachusetts General Laws as amended, and subject to the Rules and Regulations of the Northampton Board of Health.

Signature of Owner or Corporate Officer

Social Security or Federal ID #

Telephone #

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON