



Town of Blackstone

BOARD OF HEALTH

15 St. Paul Street

Blackstone, Massachusetts 01504

Tel: (508) 883-1500 Ext. 129 Fax: (508) 883-6335

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

**APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

Application for a Permit to: Construct ( ) Repair ( ) Upgrade ( ) Abandon ( )

Complete System

Individual Component(s) Please specify \_\_\_\_\_

Location	Owner's Name
Map/Parcel #	Address
Lot #	Telephone #
Installer Name	Design Engineer
Address	Address
Telephone #	Telephone #

Plan: Date \_\_\_\_\_ Number of sheets \_\_\_\_\_ Revision date \_\_\_\_\_  
Date of plan approval by Board of Health \_\_\_\_\_  
Title of Plan: \_\_\_\_\_

Description of Repairs and/or Alterations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The undersigned agrees to install the above described Sewage Disposal System in accordance with the provisions of Title 5 and the Blackstone Board of Health Code of Regulations and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Blackstone Board of Health.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Licensed Installer

**NOTE: THE BLACKSTONE BOARD OF HEALTH RESERVES THE RIGHT TO REVOKE THE LICENSE OF ANY INSTALLER WHOSE WORK CONDUCTED UNDER THIS PERMIT DOES NOT CONFORM WITH THE REGULATIONS OF TITLE 5, THE BLACKSTONE BOARD OF HEALTH REGULATIONS, AND THE APPROVED DESIGN PLAN.**

***This form must be completed in the Office of the Blackstone Board of Health prior to any construction of the system.***

*For office use Only*

Date Issued: \_\_\_\_\_ Board of Health : \_\_\_\_\_