TOWN OF NORTH ANDOVER
Community & Economic Development
HEALTH DEPARTMENT
120 Main Street
NORTH ANDOVER, MASSACHUSETTS 01845

978.688.9540 – Phone
978.688.9542 - Fax

APPLICATION FOR DISPOSAL WORKS INSTALLER'S LICENSE

****** Please note that the individual septic INSTALLER is licensed, not the company ******

DATE:_____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto:

NAME:

AFFILIATED WITH FIRM OR CORPORATION:

ADDRESS OF COMPANY:

TELEPHONE OF COMPANY:

E-Mail:

FEDERAL ID# / SS#:

TO: CONSTRUCT AND REPAIR SUBSURFACE DISPOSAL SYSTEMS
In the Town of North Andover, Massachusetts in accordance with the rules and regulations made under authority of said statutes.

_____ Contact Phone #:_____
Signature of Applicant

Home Address: _____

FEE: $80.00

RENEWALS - LATE FEE: Additional $80.00 - after January 1st

Please make check payable to the *Town of North Andover, and mail to above address.*

First time applicants include:

- *Copy of Heavy Equipment Operators License*
- *Proof of $100,000 General Liability Insurance*
- *Three (3) letters of reference*
- *Copies of licenses from other towns*