

**Marion Board of Health
2 Spring Street
Marion, MA 02738
508 748 3530**

**2008 Marion Board of Health
Disposal Works Installers Permit**

Business Name _____

Business Mailing Address _____

Business Telephone Number(s) _____

Cellular Telephone Number(s) _____

Business Pager Number(s) _____

Name and Title of Applicant _____

Payment is due with Application Total \$150.00

Insurance certification is REQUIRED and must be attached or faxed to 508 748 2545.

All new-to-the-Town installers must attach three licenses from area towns to this application.

Pursuant to Section 49A, Chapter 62C, MGL, I certify under the penalties of perjury that I to my best of knowledge and belief, have filed all State tax returns and paid State taxes required under law.

I fully understand that the construction of any septic system in the Town of Marion shall not commence until a disposal works construction permit has been picked up by the installer from the *Marion Board of Health Office*. I also understand that there are no exceptions to this State requirement.

Social Security or _____
Federal Identification Number

Signature of Applicant _____

Date Signed _____

1. Make checks payable to "Town of Marion".
2. Address envelope to "Marion Board of Health, 2 Spring Street, Marion, MA 02738".
3. Marion inspections shall be scheduled by calling 748 3533.
4. When scheduling an inspection, provide street address [or lot number and street name] and type of inspection [excavation or final].
5. *If electrical work is to be inspected, the installer shall be present at the time of the inspection so to lift the covers and activate the switches.*
6. Upon inspection completion, a card will be left by the inspector on the machine or tank cover.
7. The septic permit and the septic plan must be on the installer at all times during construction.