



# Town of Plympton

## BOARD OF HEALTH

DATE: \_\_\_\_\_  
For the YEAR \_\_\_\_\_

FEE: \$150.00

### **APPLICATION FOR PERMIT RENEWAL DISPOSAL WORKS INSTALLERS PERMIT TO CONSTRUCT, ALTER/INSTALL OR REPAIR INDIVIDUAL SEWERAGE DISPOSAL SYSTEM**

INSTALLER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE : \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

COMPANY  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
CELL PHONE NUMBER: \_\_\_\_\_

**Note: Attach a copy of Liability Insurance and Workmen's Comp if applicable.**