



Town of Plympton

BOARD OF HEALTH

5 Palmer Road, Plympton, MA 02367
781-585-7000

DATE: _____

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 NUMBER: _____

CELL PHONE NUMBER: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

Note: Attach a copy of:

1. Liability Insurance and
2. Workmen's Comp if applicable or letter stating you have NO employees.