



TOWN OF PLYMPTON
BOARD OF HEALTH
5 Palmer Road, Plympton, MA 02367
(781)585-7000

APPLICATION FOR PERMIT

TITLE 5 INSPECTOR PERMIT

Fee: \$150 _____

Expires _____

TO INSPECT: Individual Sewage Disposal Systems
DEP approved system inspector pursuant to
Section 15.340 of Title 5 (310 CMR 15.000)

APPLICATION DATE: _____

COMPANY : _____

OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____

LICENSE HOLDERS NAME: _____

STATE LICENSE # _____ **EXPIRATION DATE** _____

ADDRESS: _____

PHONE NUMBER: _____

Signed: _____

Please enclose:

1. A copy of the face page of your current Liability Insurance Policy. Be sure your name is listed.
2. A copy of your Workmen's Compensation Policy or a letter stating 'No Employees'.
3. A copy of your current State License.