

INSTALL AND REPAIR PERMIT

Application fee: \$100.00

Make check payable to: **Town of Pembroke**

The Commonwealth of Massachusetts
Town of Pembroke

APPLICATION FOR PERMIT

Permit No.: _____

Application Date: _____

Date Permit Issued: _____

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by **(Please PRINT clearly)**:

Name: _____
(Full name of person receiving permit)

Company Name: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____

to **install and repair septic systems** in the Town of Pembroke.

NOTE: This is not a blanket permit covering all employees of the company. Each individual that will be installing septic systems must be licensed by the Town.

Alternative System Qualified: _____yes _____no

If yes, please supply appropriate Certificate

Note: *If first time installer or if license has lapsed one or more years, an exam MUST be taken before license can be issued.*

(Signature of applicant)

(Address)

(Telephone)