

Fee: \$50.00

2006
INSTALLER PERMIT APPLICATION

In accordance with the provisions of the Statutes relating thereto, application for permit is hereby made by

Name: _____
(please print – not company name)

Address: _____

Town: _____

Phone: _____

Cell Phone: _____
(For Board of Health use only)

(Signature of Applicant)

CERTIFICATES OF COMPLIANCE WILL NOT BE ISSUED UNTIL IT HAS BEEN SIGNED OFF BY
THE INSTALLER

INCLUDE MY PHONE # ON INSTALLERS LIST YES__ NO__