



# TOWN OF GROVELAND

BOARD OF PUBLIC HEALTH

183 Main St.

Groveland, MA 01834

978-556-7210

RENEWAL APPLICATION FOR SEPTIC SYSTEM INSTALLER PERMIT – 2025

Please make check payable to Town of Groveland

COPY OF CERTIFICATE OF LIABILITY INSURANCE REQUIRED FEE \$200.00

DATE \_\_\_\_\_

NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

## PERMITS NOW HELD

TOWN

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

IF NO PERMITS HELD, YEARS OF EXPERIENCE \_\_\_\_\_ AND LAST EMPLOYER

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

APPLICATION APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

BOARD OF HEALTH