



# TOWN OF GROVELAND

BOARD OF PUBLIC HEALTH  
183 Main St.  
Groveland, MA 01834  
978-556-7210

## RENEWAL APPLICATION FOR SEPTIC SYSTEM INSTALLER PERMIT

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 \_\_\_\_\_

APPLICATION APPROVED BY

\_\_\_\_\_

BOARD OF HEALTH

DATE \_\_\_\_\_