



# TOWN OF CHARLTON

37 MAIN STEET  
CHARLTON, MA. 01507  
508-248-2210

## BOARD OF HEALTH

Permit #: \_\_\_\_\_

Malley Engineering Co. Inc. file #: \_\_\_\_\_

### APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

Application for a Permit to: Construct ( ) Repair ( ) Upgrade ( ) Abandon ( )

Complete System

Individual Component(s) Please specify \_\_\_\_\_

Location	Owner's Name
Map/Parcel #	Address
Lot #	Telephone #
Installer Name	Design Engineer
Address	Address
Telephone #	Telephone #

Plan: Date \_\_\_\_\_ Number of sheets \_\_\_\_\_ Revision date \_\_\_\_\_

Date of plan approval by Board of Health \_\_\_\_\_

Title of Plan: \_\_\_\_\_

**Description of Repairs and/or Alterations:** \_\_\_\_\_

*The undersigned agrees to install the above described Sewage Disposal System in accordance with the provisions of Title 5 and the Charlton Board of Health Code of Regulations and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Charlton Board of Health.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Licensed Installer

**NOTE: THE CHARLTON BOARD OF HEALTH RESERVES THE RIGHT TO REVOKE THE LICENSE OF ANY INSTALLER WHOSE WORK CONDUCTED UNDER THIS PERMIT DOES NOT CONFORM WITH THE REGULATIONS OF TITLE 5, THE CHARLTON BOARD OF HEALTH REGULATIONS, AND THE APPROVED DESIGN PLAN.**

***This form must be completed in the Office of the Charlton Board of Health prior to any construction of the system.***

*For office use Only*

Date Issued: \_\_\_\_\_ Board of Health : \_\_\_\_\_