



Town of Mendon

Board of Health

20 Main Street

Mendon, Massachusetts 01756

Telephone: (508) 634-2656 Fax: (508) 478-8241

E-mail address boh@mendonma.gov

Instructions for Installer's Permits

Anyone planning to work in the Town of Mendon you must submit the following

- 1. Installer's application*
- 2. \$125.00 license fee*
- 3. Review Inspection Requirements*
- 4. Workers' Compensation Insurance Affidavit*
- 5. Copy of liability insurance.*
- 6. Copies of Hoisting Licenses*
- 7. Three copies of current license from other towns if you have not been licensed in Mendon before.*

Applicants can either mail their information to the office or apply in person at the Board of Health office. The office hours are Monday thru Thursday 7:30 a.m. – 5:00 p.m. Permits issued at this time will expire December 31, of the current year.

*Prior to any installation of a system you must contact the office to verify your license is up to date. Also an approved plan must be on file. If the Board of Health office does not receive this information the office will **not** release any as-buils and certificate of compliance or allow any inspections.*



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Application for Disposal Works Installers Permit

Test Fee: \$25.00

Permit Fee: \$125.00

Permit is NOT transferable

Renewable before January

Permit expires on December 31

I hereby apply for a Disposal Works Installer's Permit required by Regulation 15.05 (2) of Title V of the State Environmental Code and the Regulations of the Mendon Board of Health.

Business Name: _____

Address: _____

Telephone Number: _____

Mailing Address if different: _____

Applicant's Name: _____

Home Address: _____

List the names of officers if corporation and partners and managers if partnership.

President: _____

Telephone: _____

Address: _____

Treasurer: _____

Telephone: _____

Address: _____

Clerk: _____

Telephone: () _____

Address: _____

List the names of all those who will be installing under this permitted, if those individuals have current Hoisting License, copies of the license.

Complete other side →

The undersigned agrees that he/she has read and understands the requirements of 310 CMR 15.00 the State Environmental Code Title V Subsurface Disposal of Sanitary Sewage and also agrees to abide by them. The undersigned has read and will follow the septic inspection requirement set by the Board of Health. Also the undersigned understands that any violation of these regulations and the requirements of the Mendon Board of Health will be sufficient cause for revocation of the Disposal Works Installers Permit.

Signature: _____

Date: _____

Massachusetts General Laws Regarding Injury to Surface of Way.

Injury to surface of way; traction engines and heavy vehicles; permits; regulations; liability.

Except as provided in section nineteen A of chapter ninety, no vehicle shall travel or object be moved, on any public way, which has any device attached to or made a part of its wheels or the rollers or other supports on which it rests, which will injure the surface of the way; nor shall any vehicle travel or object be moved, on any public way, which weights more than fourteen tons, or in the case of a vehicle equipped with pneumatic tires, more than fifteen tons, without a permit from the board or officer having charge of such way...provided, that not such permit shall be required for the operation of a vehicle having three axes, whether or not so equipped, which does not weigh more than twenty tons. No vehicle shall travel, or object be moved, on any public way, the weight of which resting on the surface of such way exceeds eight hundred pounds upon any inch of the tire, roller or other support, without such a permit. All the aforesaid limitations as to weight shall be inclusive of the load. (MGL Ch. 85 P. 30)

Any person violating any provision of section thirty, thirty A, or thirty-one, or the regulations made or permits granted under authority thereof shall be punished by a fine on not more than one hundred dollars (\$100.00), to be paid to the commonwealth when state highways are injured and to the county, city, or town when any public way is injured which is under the care of said county, city or town, for use on the public ways of said county, city or town.

The undersigned agrees that he/she has read and understands the requirements of MGL regarding injury to surface of way and also agrees to abide by them.

Signature: _____

Date: _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

**Signature of Individual or Corporate Name (Mandatory)*

By Corporate Officer (Mandatory, If Applicable)

***Social Security Number (Voluntary) or Federal Identification Number*

**This license will not be issued unless the certification is signed by the applicant*

***Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filling or tax payment obligations. Licensees who fail to correct their non-filing or delinquent will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law c. 62C s. 49A.*