

Dennis Health Department

685 Route 134, Town Office Annex
South Dennis, MA 02660
Phone: 508-760-6158
Fax: 508-394-6289



Date Received _____

\$110.00 Fee Paid _____

Checks payable to "TOWN OF DENNIS"

Check No. _____

Staff Initials _____

Application for Septic Installers Permit

Date: _____

Please Print

Name of Applicant (Installer)		Name of Business	
Home Address (Street & Mailing)			
Business Address (Street & Mailing)			
Applicant's Phone No.		Business Phone No.	
Business Fax No.		Business E-Mail Address	
Business Owner's Name (if different from applicant)			
Business Owner's Address (if different from applicant)			
List towns where you are currently licensed:	License Number:	Expiration Date:	
1.			
2.			
3.			

Signature of Applicant: _____ Date: _____

Worker's Compensation Insurance

In accordance with Chapter 152, Sec. 25C, Subsection 6, of the Mass. General Laws, a Worker's Compensation Insurance Affidavit must be completed, signed and returned with this application.

For Office Use:

PERMIT APPROVED BY:

Signature: _____

Date: _____

Comments: _____

TYPE OF PERMIT APPROVED:

☐ Full Septic System Installations

☐ Repairs, Only (Title 5 Inspectors)