

**DISPOSAL SYSTEM INSTALLER'S  
PERMIT APPLICATION**  
Belmont Health Dept., PO Box 56, Belmont, MA 02478

Date \_\_\_\_\_

NAME \_\_\_\_\_

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

STREET ADDRESS \_\_\_\_\_

CITY/TOWN/ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

HOW MANY YEARS HAS THIS COMPANY BEEN IN BUSINESS? \_\_\_\_\_

HOW MANY YEARS HAS THE INDIVIDUAL NAMED ABOVE BEEN  
EMPLOYED AS A DISPOSAL SYSTEM INSTALLER? \_\_\_\_\_

**REFERENCES:** Please list at least three towns in which you have installed disposal systems, and the individual health agent with whom you have worked:

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a check made payable to the Town of Belmont for \$50.00 for the permit fee. There is no permit exam in the Town of Belmont. All references will be checked.