



BOARD OF HEALTH

CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083-0609 • Tel. 413- 436-5701 ext:112 • Fax 413- 436-9754

Disposal Works Installers Permit Application

Fee: \$200.00

Date: _____

Name of Applicant: _____

Business Name: _____

Business Address: _____

Phone: _____

Mailing (if Different): _____ Email: _____

I hereby certify that I am the owner or officer of the above business and all of the information provided is true. I acknowledge that I am familiar with the local septic regulations and understand my responsibilities as outlined in these regulations. I agree to pay all appropriate fees at the time of application submittal.

**If you are applying for an installer's permit in Warren for the first time, you must provide copies of valid licenses and three recent installer's permits from other cities/towns for references. Approval of first-time installers for the Town of Warren is at the discretion of the Board of Health.*

Print Name of Applicant

Signature of Applicant

Installer's Permit Fee: \$200.00 (cash or check) Payable to: Town of Warren
Installer's Permit expires one year after being issued.