

DISPOSAL WORKS INSTALLERS PERMIT

*The Commonwealth of Massachusetts
Town of South Hadley*

Fee: \$100.00

APPLICATION FOR PERMIT

No. _____

Date: _____

To The Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a permit is hereby made by:

Name _____
(Full name of person, firm or corporation making application)

• _____
(Give location by street and number)

• _____
(Give City, State, Zip Code)

Phone Number: _____

State clearly purpose for which permit is requested:

Disposal Works Installers Permit

• _____
(Signature of applicant)

• _____
(Address)

• _____
(City, State, Zip Code)

Permit Issued On _____