**THE COMMONWEALTH OF MASSACHUSETTS**

**TOWN OF PAXTON**

**APPLICATION FOR SEPTIC INSTALLER’S PERMIT**

Number: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee: $125.00 (Payable to: Town of Paxton)

To the Licensing Authorities:

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

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

(Address by street number, Town and Zip Code)

(Phone number with Area Code)

State clearly the purpose for which the permit is requested:

Please submit with application:

1. Copies of two current licenses/permits from two surrounding Towns. If you were registered with Paxton the previous year, you can omit copies.
2. Copy of Liability & Workman’s Comp. Insurance Certificate. This can be faxed directly to 508-797-0966 to the Town Services Coordinator from your insurance company for your convenience.

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(Signature of applicant)

This permit expires on December 31st of the same year that it was issued.