

**TOWN OF WENHAM
BOARD OF HEALTH
138 MAIN STREET
WENHAM, MA 01984
978-468-5520 Ext. 4 Fax: 978-468-8014**

INSTALLERS APPLICATION

Date:

The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto:

ANNUAL REGISTRATION DISPOSAL WORKS INSTALLER

Name:

Firm or Corp:

Street Address:

City/Town:

Telephone #:

Fed. ID/SS #:

**To: CONSTRUCT AND REPAIR SUB-SURFACE DISPOSAL SYSTEMS.
in said Town of Wenham, Massachusetts in accordance with the rules and
regulations made under authority of said Statutes.**

(Signature of Applicant)

Fee: \$100.00

Payable to:

**Town of Wenham
138 Main Street
Wenham, MA 01984**

Please provide a copy of:

- 1. Current Hoisting License**
- 2. Company or Individual Liability Policy**
- 3. Workmen's Comp. (if applicable)**