

## **TOWN OF LUDLOW**

## **HEALTH DEPARTMENT**

488 Chapin Street Ludlow, MA 01056 (413) 583-5600 ext. 1271 TEL (413) 583-5689 FAX



## **Disposal Works Installers Permit Application**

Name of Applicant:		Date:
Business Name:		
Business Address:		_ Phone#:
Mailing (if Different):	Email:	
I hereby certify that I am an owner or officer acknowledge that I am familiar with the loca these regulations. I agree to pay all appropria	l septic regulations and understand my	responsibilities as outlined in
*If you are applying for an installer's permit in three recent installer's permits from other cith Ludlow is at the discretion of the Local Health	ties/towns for references. Approval of f	-
Print Name of Applicant	Signature of Applicant	<del></del>
Installer's Permit Fee: \$125.00 (cash or check	() Pavable to: Town of Ludlow	

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Installer's Permit expires on December 31st of current year