



Board of Health  
 212 Main Street  
 Northampton, MA 01060  
 Tel: (413) 587-1214 • Fax: (413) 587-1221  
 Director of Public Health: Merridith A. O'Leary, R.S.

|   |                          |
|---|--------------------------|
| <b>FOR BOARD OF HEALTH<br/>USE ONLY</b> |                          |
| Date:                                   | _____                    |
| Amt Received:                           | _____                    |
| Cash/Check No:                          | _____                    |
| Received by:                            | _____                    |
| Workers Comp Affidavit                  | <input type="checkbox"/> |

## 2020 APPLICATION TO REMOVE, TRANSPORT, AND DISPOSE OF SEPTAGE OR OTHER OFFENSIVE SUBSTANCES PERMIT

PERMIT FEE: \$75.00: **ALL FEES PAID ARE NON-REFUNDABLE**  
**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED**

*Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.*

*The undersigned hereby applies for a Permit to Remove, Transport, and Dispose of Septage or Other Offensive Substances in the City of Northampton in accordance with Chapter 111, Section 31A of the Massachusetts General Laws as amended, and subject to the rules and Regulations of the Northampton Board of Health.*

Establishment Name: (dba): \_\_\_\_\_ Establishment Tel.#: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Name and Title: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Applicant Telephone #: \_\_\_\_\_

Owner Name & Title (if different from applicant): \_\_\_\_\_

Owner Address: \_\_\_\_\_

|   |       |              |
|---|-------|--------------|
| If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners |       |              |
| Name  | Title | Home Address |
| _____   |       |              |

**LIST DISPOSAL SITES TO BE USED:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**

Signature of Permit Holder or Corporate Signature: \_\_\_\_\_

Social Security or Federal ID Number: \_\_\_\_\_