

TOWN OF CONWAY, MASSACHUSETTS



BOARD OF HEALTH

5 Academy Hill Rd.
P. O. Box 240
Conway, Ma 01341

Phone: (413) 369-4235 Ext. 8
Fax: (413) 369-4237

Email: boardofhealth@townofconway.com

**Application
for
Disposal Works Installer's Permit
\$100.00**

Date: _____

Applicant Name: _____

DBA: _____

Street Address: _____

Mailing Address: _____

Business Phone: _____ Residence Phone: _____

Applicant Signature: _____

If you have not previously held an Installers Permit in the Town of Conway, please include copies of permits issued by other towns or otherwise demonstrate your capacity or knowledge of the proper construction and installation of systems in accordance with 310 CMR 15.000.

The Board of Health will review this application and attachments at its next regularly scheduled Monday meeting.

Please return your completed application and fee (payable to the Town of Conway) to:

**Board of Health
P.O. Box 240
Conway, MA 01341**

For Board of Health use:

Permit Issued: Date _____ Permit Number _____

Permit Not Issued: Date _____ Reason _____
