



Derek Fullerton, RS, CHO
Public Health Director

Town of Middleton
Board of Health
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Public Health
Prevent. Promote. Protect.

Fee: \$100.00

Date: _____

Permit # _____

To the Licensing Authorities:

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

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

Address: _____
(Give location by street and number)

TO INSTALL SEPTIC SYSTEMS IN THE TOWN OF MIDDLETON

Phone # _____

Fax: _____

Cell Phone _____

Email _____

Signature of Applicant

Address

Permit Issued _____

Permit Expired _____

City _____ State _____ Zip _____

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify that under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Federal Identification or Social Security Number _____

Signature of Individual or Corporate Name _____