



TOWN OF NORTHFIELD

BOARD OF HEALTH

69 Main Street, Northfield, Massachusetts 01360

Phone: (413) 498-2901x 117 Fax: (413) 498-5103 www.northfieldma.gov

APPLICATION FOR LICENSE

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

INSTALL SUBSURFACE SEWAGE DISPOSAL SYSTEMS

In the Town of Northfield, Massachusetts, in accordance with the rules and regulations made under the authority of Title V of the State Environmental Code and the Town of Northfield regulations.

Full name and address of person, firm, corporation making this application

Please attach copy of your liability insurance, or have insurance provider fax it to us at the above number.

Workers compensation affidavit (MGL chapter 152 §25C (6))

I, _____, do hereby certify that:

☐ I am an employer providing the following worker's compensation coverage for my employees:
_____ (policy #, insurance company)

☐ I am not required to have worker's compensation insurance under MGL chapter 152, § 25C (6)

Signature of Applicant

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For Official Use Only

Date Received _____

Date Approved _____

Date License Granted _____

Liability Insurance _____

License Number _____

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on a basis of race, color, national origin, sex, age or disability."