



TOWN OF CHILMARK
CHILMARK, MASSACHUSETTS

Board of Health
(508)645-2105 (ph)
(508)645-2110 (fax)
boh@chilmarkma.gov
9am – 2pm Mon – Fri

Permit #: _____

Permit Fee: \$75.00
Paid: _____

APPLICATION FOR SEWAGE TREATMENT AND DISPOSAL SYSTEM INSTALLER PERMIT

Permit expires at the end of the calendar year in which it is issued unless sooner revoked for cause

Company: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ E-mail: _____

The undersigned hereby agrees to comply with the Town of Chilmark Board of Health Regulations and relevant provisions of the Massachusetts State Environmental Code: Title 5, 310 CMR 15.000.

Signature of Applicant: _____

Date: _____

Board of Health Approval: _____

Approval Date: _____