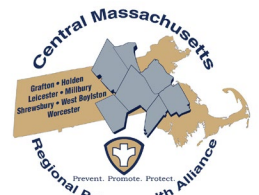




**BOARD OF HEALTH**  
100 MAPLE AVENUE  
SHREWSBURY, MASSACHUSETTS 01545



Telephone: (508) 841-8384

Email: [shrewsburyhealthagent@shrewsburyma.gov](mailto:shrewsburyhealthagent@shrewsburyma.gov)

**APPLICATION FOR LICENSE TO  
CONSTRUCT OR REPAIR ON-SITE SEWAGE DISPOSAL SYSTEMS**

**DATE** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_ **FEE** \_\_\_\_\_ **SHREWSBURY LICENSE NUMBER** \_\_\_\_\_

\_\_\_\_\_ **\$325.00** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**CORPORATION** \_\_\_\_\_

**PRESIDENT'S NAME** \_\_\_\_\_ **TREASURER'S NAME** \_\_\_\_\_

**PRESIDENT'S ADDRESS** \_\_\_\_\_ **TREASURER'S ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_

**LICENSES (other than Shrewsbury)** \_\_\_\_\_

**PROFESSIONAL ENGINEER NUMBER** \_\_\_\_\_

**License Approved Date** \_\_\_\_\_ **Issued By** \_\_\_\_\_

**License Disapproved Date** \_\_\_\_\_ **By** \_\_\_\_\_

I agree to act in accordance with the provisions of Title 5, 310 CMR 15.00 of the State Sanitary Code, and any rule or regulation made by the Shrewsbury Board of Health related thereto.

I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid the state taxes required by law.

**SSN# or FID #** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_