The Commonwealth Of Massachusetts

Town Of Mashpee

APPLICATION FOR PERMIT

TO THE LICENSING AUTHORITIES:

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

NAME: _____

(Full name of person)

TO: Install and repair septic systems within the Town of Mashpee

Sole Proprietor Yes ❒ No ❒

If you are not a sole proprietor then a certificate of insurance for workers' compensation must accompany this application for proper processing of your permit application. It will not be processed without it.

(Address)	(City/State)	(Zip Code)
(Mailing Address – if different)	(City/State)	(Zip Code)
(Home Phone)	(Business Phone)	(Fax)
(Email Address)	(Social Security Number or Federal ID)	
(Signature)	(Date)	

For Office Use Only

Date:_____ Expiration Date:_____

Fee: **$100.00** Permit #:_____