



Fee: \$ 100

Check # _____

Permit # _____

VALID THRU December 31, 20____

TOWN OF OAKHAM – Board of Health

2 Coldbrook Road
Unit # 8
Oakham, MA 01068

Tel: 508-882-5549 Ext 320
Voicemail is only regularly checked during scheduled BOH meetings

Email: *preferred communication*
BOH@Oakham-MA.gov
usually answered within 24-48 hours (weekdays)

Fax: 508-882-3060 – not monitored (except for during scheduled BOH meetings)

Website: <http://oakham-ma.gov/boards/health.cfm>

APPLICATION FOR SEPTIC INSTALLER PERMIT

Date: _____ NEW _____ or RENEWAL _____

Name of Installer: _____

Cell Phone # _____

Name of Company: _____

Name of Owner (if different from installer): _____

Mailing Address: _____

Email Address: _____

Company Phone # _____

For a new Septic Installers Permit, The Town of Oakham Board of Health requires a completed test with a passing grade of 70. Annual renewals (without test) can be done by completing a yearly application with applicable fee as long as there has been no break in yearly renewal. If a break in previous year, an installer can complete the installers test or provide evidence of a valid permit from another Massachusetts municipality in the year that was not permitted in Oakham. ALL INSTALLATIONS IN THE TOWN OF OAKHAM REQUIRE A CURRENT OAKHAM INSTALLERS PERMIT FOR THE YEAR OF INSTALL.

TAX STATEMENT: Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify that to the best of my knowledge and belief, I have filed all State tax returns and have paid all taxes required under State Law.

I further state that I have a working knowledge of and will comply with Title 5 and the Oakham Board of Health local regulations.

Installer's Signature: _____ **Date:** _____