



CITY OF NORTH ADAMS, MASSACHUSETTS

Inspection Services

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**Application for Septic System Installers Permit**

Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Mailing Address \_\_\_\_\_  
*(If different) PO Box/Street City State Zip*

Telephone number \_\_\_\_\_

SSN or FID# \_\_\_\_\_  
*Leave blank if you have received a license from this city previously*

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

Signature of individual or corporate signatory \_\_\_\_\_

Corporate officer \_\_\_\_\_ Date \_\_\_\_\_

This license will not be issued unless this certification clause is signed by the applicant. Your SSN or FID# may be furnished to the Massachusetts Department of Revenue for their determination of your tax obligations, as required by state law. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation (M.G.L. c62C s.49A).

- Attach copy of your liability insurance and hoisting license
- Enclose annual fee of \$150 payable to the City of North Adams

*Office use only*

License number(s) issued \_\_\_\_\_ Date \_\_\_\_\_