



CITY OF NORTH ADAMS, MASSACHUSETTS

Inspection Services

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 _____