



FEES

\$30 each for two units
\$85 for 3 - 10 units in the same area
\$15 for each additional unit

PERMIT NO _____

DATE: _____

APPLICATION FOR PLACEMENT AND CONTINUED USE OF A NON-PERMANENT CHEMICAL TOILET

APPLICATION MADE BY: _____

COMPANY ADDRESS: _____

COMPANY CITY, STATE/ZIP: _____

COMPANY PHONE: _____

NUMBER OF UNITS: _____ FEE ENCLOSED: \$ _____

DATE OF PLACEMENT: _____ DATE OF REMOVAL: _____

PURPOSE: (construction, carnival, etc.) _____

STREET ADDRESS/LOCATION: _____

ORDERED BY (customer): _____

CUSTOMER CONTACT: _____

The applicant here by agrees to install and maintain non-permanent chemical toilet(s) according to provisions of 310 CMR 15.00 and Worcester Department of Public Health Regulation IX, Section 1.2 and 1.3 that portable toilets have been inspected prior to use.

Approved By: _____ Date _____

Rejected By: _____ Date _____