John R. Kelly
Commissioner/
Building Commissioner

Department of Inspectional Services
Worcester, Massachusetts

Housing Unit

Amanda M. Wilson, Director
Housing/Health Inspections

20__

APPLICATION-SEPTAGE FEE $110.00

PERMIT NUMBER_____

APPLICATION FOR PERMIT TO REMOVE AND/OR TRANSPORT OFFENSIVE SUBSTANCES WITHIN THE CITY OF WORCESTER

Pursuant to the provisions of Massachusetts General Laws, Chapter 111,Section 31, and THE STATE ENVIRONMENTAL CODE, TITLE V: MINIMUM REQUIREMENTS FOR THE SUBSURFACE DISPOSAL OF SANITARY SEWERAGE (310 CMR 15.00)

(Please Print or Type - Illegible or incomplete applications will be rejected)

BUSINESS NAME:_____

BUSINESS ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

NAME OF APPLICANT:_____

POSITION:_____

TELEPHONE: (_____)_____

DESCRIPTION OF VEHICLE:

Make:_____ **Year:_____**

Type:_____ **Capacity:_____**

Color:_____ **Plate No._____**

Signature of Applicant:_____

Please note - Applicant will be rejected unless complete tax form is submitted with this application.

Approved By: _____Date:_____
Rejected :_____Date:_____

25 Meade Street, Worcester, MA 01610-2715 Phone: (508) 799-1198 Fax: (508) 799-8544 E-mail: inspections@worcesterma.gov

Print Form