

*Application must be accompanied  
with required payable to Town of  
Sheffield*



Permit #: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Issue Date: \_\_\_\_\_

## **Town of Sheffield Board of Health**

Town Hall, 21 Depot Square, 2<sup>nd</sup> Floor, Sheffield, MA 01257  
413-229-7000 Ext 157 Fax: 413-229-7010 Email: [townhall@sheffieldma.gov](mailto:townhall@sheffieldma.gov)

### **APPLICATION FOR PERMIT TO INSTALL SEPTIC SYSTEMS**

**As part of my application for a permit to install septic systems in the Town of Sheffield, I attest that:**

- ☐ I am familiar with the requirements of Title 5 (310 CMR 15.) of the State Environmental Code regarding the installation of septic systems;
- ☐ I have the appropriate equipment and skills needed for septic system installation;
- ☐ My company will not undertake a new installation, alteration or repair without first making sure that the Town of Sheffield Board of Health has been informed and has approved the proposed design and issued the appropriate permits;
- ☐ I will call and schedule required inspections; and
- ☐ After an installation I will provide an Installation Certification Letter, As-Built plans and a current sieve analysis, as is appropriate.

All of my installers have taken the Installer's Course from the Berkshire County Boards of Health Association (BCBOHA) or the Tri-Town Health Department (TTHD) and have current Licenses \_\_\_ Yes \_\_\_ No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Individual or Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

BCBOHA and/or TTHD License #'s \_\_\_\_\_

(Please attach copy of licenses for all installers)

Approved By \_\_\_\_\_ for the Board of Health

Conditions of Approval: \_\_\_\_\_