

*Application must be accompanied
by the \$100 fee via check made
payable to Town of Sheffield*



Permit #: _____
Fee Paid: _____
Issue Date: _____

Town of Sheffield Board of Health

Town Hall, 21 Depot Square, 2nd Floor, Sheffield, MA 01257-0325
413-229-7000 Ext 157 Fax: 413-229-7010 Email: boh@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

I understand that if I do not have a current BCBOHA or TTHD License, I must obtain my permit in person from the Sheffield Board of Health office after an interview with the Board of Health Chair or Vice-Chair to determine my experience with septic installations. I agree to telephone the Board of Health at each stage of the installation.

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: _____