

Town of Sandwich
The Oldest Town on Cape Cod



Health Department
16 Jan Sebastian Drive
Sandwich, MA 02563
(508) 888-4200
Fax: (508) 833-0018

**2022
APPLICATION FOR
DISPOSAL INSTALLERS LICENSE**

Application Status: Renewal / New
(Circle one)

Business Name: _____ Tel. No. _____

Business Address: _____ EMAIL: _____

Owner's Name: _____

Mailing Address (if different): _____

Licensed Installer Name: _____ Tel. No. _____

NOTE: ENGINEERED PLANS, SIGNED AND DATED BY A HEALTH AGENT, SHALL BE AVAILABLE ON SITE DURING THE INSTALLATION OF THE SUBSURFACE SEPTIC SYSTEM.

AN "AS BUILT" CARD SHALL BE SUBMITTED TO THE HEALTH OFFICE PRIOR TO AN ISSUANCE OF A CERTIFICATE OF COMPLIANCE.

Important: Under Chapter 152, Section 25c, Subsection 6, you must complete the attached Workers Compensation Insurance Affidavit Form and return it with this completed application, no later than January 1, 2022.

Checks made payable to the **Town of Sandwich** for \$100.00.

SIGNATURE: _____ DATE: _____