



CITY OF MARLBOROUGH

BOARD OF HEALTH

140 Main Street, Lower Level
Marlborough, Massachusetts 01752
Facsimile (508) 460-3625 TDD (508) 460-3610

James Griffin, Chairman
John Curran, MD, Vice Chairman
Robin Williams, Member
Tel (508) 460-3751

APPLICATION DISPOSAL WORKS/ DRAIN LAYERS

Date: _____

Permit Type: Please Check: Disposal Works \$ 50.00 Drain Layers \$ 50.00

Company Name: _____

Business Address: _____

Mailing Address: _____

Name of Applicant: _____

Mailing Address: _____

Emergency Contact Information: _____

Home phone _____ Cell Phone _____

State of Incorporation: _____ SS# or FEIN # _____

Type of Application: New Renew

Have you ever obtained a Drain Layers or Disposal Works Permit in Marlborough in the past?

Yes No

If No, please provide two written letters of recommendation or copies of two permits issued through additional towns.

TURN OVER

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the operation will comply with all town rules and regulations set forth by the City of Marlborough.

Applicant

Signature _____ Date: _____

DRAIN LAYERS

DRAIN LAYERS RENEWAL CHECKLIST

- ___ Certificate of Liability Insurance
- ___ Worker's Compensation Affidavit Form Completed
- ___ Fee Paid

NEW DRAIN LAYERS PERMIT CHECKLIST

- ___ Certificate of Liability insurance
- ___ Worker's Compensation Affidavit Form Completed
- ___ 2 Letters of Recommendation/ Copies of Permits
- ___ Fee Paid

DISPOSAL WORKS

DISPOSAL WORKS RENEWAL PERMIT

- ___ Certificate of Liability Insurance
- ___ Worker's Compensation Affidavit Form Completed
- ___ Fee Paid

NEW DISPOSAL WORKS PERMIT

- ___ Certificate of Liability insurance
- ___ Worker's Compensation Affidavit Form Completed
- ___ 2 Letters of Recommendation/ Copies of Permits
- ___ Fee Paid