



# CITY OF NEWBURYPORT HEALTH DEPARTMENT

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**FEE: \$100**

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

## DISPOSAL WORKS INSTALLER - PERMIT APPLICATION

The undersigned hereby applies for a DISPOSAL WORKS INSTALLER'S PERMIT to construct, alter, install or repair subsurface sewage disposal systems as required by the provisions of the State Environmental Code, Title V, and the rules and regulations of the Newburyport Board of Health.

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Full Name of Person, Persons, Firm or Corporation making application

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Mailing Address

EMAIL Address

Telephone number and name of authorized person who can be contacted by the Board of health or its agent during normal business hours:

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Telephone Number

Name of Authorized Person

If not available during normal business hours, specify means by which applicant or authorized agent can be contacted at other times: \_\_\_\_\_

*I hereby certify that I have read and fully understand the subsurface sewage disposal system requirements of the Newburyport Board of Health and the State Environmental Code, Title V, and that I agree to comply with such regulations as existing or may from time to time be amended, and that I am familiar with the construction practices and inspection requirements.*

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*Signature of Applicant or Authorized Agent*

Application Approved:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_