



TOWN OF UXBRIDGE
BOARD OF HEALTH
21 South Main Street
Uxbridge, Massachusetts 01569-1851
508-278-8600 extension 8
boh@uxbridge-ma.gov

PERMIT NO.: _____
(For town use only)

DISPOSAL WORKS CONSTRUCTION PERMIT

Permission is hereby granted to construct an individual sewage disposal system at:

as described in the application for Disposal Works Construction Permit dated: _____

Construction shall be completed within three years of the date of the plan approval. Unless a one year extension is applied for and granted according to 310 CMR 15.020(3).

The undersigned agrees to install the above described Sewage Disposal System in accordance with the provisions of Title 5 and the Uxbridge Board of Health Code of Regulations and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Uxbridge Board of Health.

Signed: _____ Date: _____
Signature of Licensed Installer
(print name of installer) _____ Email: _____

This form is to be signed in the presence of a Uxbridge Board of Health Board member, Agent, Staff member Valid Driver's License required prior to any construction of the system.

NOTE: THE UXBRIDGE BOARD OF HEALTH RESERVES THE RIGHT TO REVOKE THE LICENSE OF ANY INSTALLER WHOSE WORK CONDUCTED UNDER THIS PERMIT DOES NOT CONFORM WITH THE REGULATIONS OF TITLE 5, THE UXBRIDGE BOARD OF HEALTH REGULATIONS, AND THE APPROVED DESIGN PLAN.

For office use only

Date Issued:

Board of Health: