Town of Marshfield
Board of Health
870 Moraine Street
Marshfield, MA 02050
781-834-5558
fax 781-837-6047

INSTALLER'S LICENSE APPLICATION

PLEASE PRINT
Fee: $150.00
Company Name:_____

Owner's Name: _____

Installers Name: _____

Email Address: _____

Business Address: _____

Mailing Address: _____

Cell Phone/Business Phone:_____

REFERENCES: ***(NOT NECESSARY ON RENEWALS)***
New Installers please attach copies of 3 current Installer's Licenses from other towns and list below.
Town(s) 1)_____
2)_____
3)_____

Please read and sign this statement:
"I have read and am familiar with the Town of Marshfield Rules and Regulations for the disposal of sanitary sewage, as well as the Title V State regulations for sewage disposal."

Signature _____

Date _____

Please complete attached Worker's Compensation Form.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor; Boston, Mass. 02111

Workers' Compensation Insurance Affidavit

Applicant information: **Please PRINT legibly**

name: _____

location: _____

city _____ phone # _____

☐ I am a homeowner performing all work myself.

☐ I am a sole proprietor and have no one working in any capacity

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

☐ I am a sole proprietor, **general contractor**, or **homeowner** (*circle one*) and have hired the contractors listed below who have the following workers' compensation polices*:*

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of $100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification. ***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ **permit/license #** _____

☐ **Building Department**
☐ **Licensing Board**
☐ **Selectmen's Office**
☐ **Health Department**
☐ **Other** _____

☐ **check if immediate response is required**

contact person: _____ **phone #;** _____

(revised 9/95 PJA)