



Town of Ludlow Board of Health
488 Chapin Street
Ludlow, Ma 01056
(413) 583-5600 x1271

Disposal Works Installers Permit Application

Name of Applicant: _____ Date: _____

Business Name: _____

Business Address: _____ Phone#: _____

Mailing (if Different): _____ Email: _____

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I acknowledge that I am familiar with the local septic regulations and understand my responsibilities as outlined in these regulations. I agree to pay all appropriate fees at the time of application submittal.

**If you are applying for an installer's permit in Ludlow for the first time, you must provide copies of valid licenses and three recent installer's permits from other cities/towns for references. Approval of first-time installers for the Town of Ludlow is at the discretion of the Health Agent and/or Local Board of Health.*

Print Name of Applicant

Signature of Applicant

Installer's Permit Fee: \$125.00 (cash or check) Payable to: Town of Ludlow

Installer's Permit expires on December 31st of current year

FOR OFFICE USE ONLY

DEPARTMENT HEAD

DATE

APPROVED

DENIED

NOTES: